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TITLE: Evaluation of a Culturally Targeted, Personalized Mail-Home Brochure Directed to Partners of At-Risk Men to Facilitate Prostate Cancer Risk Assessment

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14. ABSTRACT

The primary aim of this two-arm prospective randomized controlled trial (N=232) was to evaluate the efficacy of a theory-based printed brochure intervention, directed to the partners of African American men, in promoting informed decision making about PSA screening for prostate cancer. Intervention participants received the intervention brochure and a control brochure; control participants received only the latter. Both brochures included information concerning prostate cancer, the heightened risk of African American for the disease, and prostate cancer screening. The intervention brochure also contained content designed to motivate and facilitate the partner's efforts in promoting informed decision making by the proband about PSA screening. The primary outcome variable was the proband's engagement in informed decision making about PSA screening, as reported by the partner. Secondary outcome variables included the extent of the partner's efforts to promote informed decision making about PSA screening, and the nature and utility of partner/proband communication about prostate cancer risk and screening. Secondary study aims included investigating the moderating role of attentional style (high vs low monitoring) with respect to the intervention's impact on the primary outcome variable, as well as the mediating role of cognitive-affective factors, partner-proband communication, and process variables.

15. SUBJECT TERMS

informed participation in prostate cancer risk assessment and detection; theory-guided health risk communication; interventions communication; partner support and outreach; health information processing in at-risk populations

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Introduction

There is still considerable controversy within the medical community concerning the advisability of routine screening for prostate cancer with prostate-specific antigen (PSA) testing, even among high-risk individuals (first-degree relatives of men with prostate cancer and African American men). As a result, almost all professional and scientific associations that issue screening guidelines recommend that patients discuss the potential benefits and known harms of PSA screening with their healthcare providers so that they can make informed decisions about whether or not to be screened. [1-5] However, a substantial percentage of men 50 years of age or older routinely make this decision without the benefit of fully understanding and processing the pros and cons of PSA testing. [6-11] In light of the general consensus that informed screening decisions are optimal for patients, as well as evidence that informed screening decisions are the exception rather than the norm in this population, this study aimed to evaluate an intervention designed to encourage African American men to actively seek the assistance of their healthcare providers in facilitating their efforts to make an informed screening decision. [12-16]. African American men are not only are at elevated risk of prostate cancer, but also suffer higher rates of morbidity and mortality due to the disease, yet are least likely to be informed about their risk options. Therefore, the primary aim of the study was to evaluate the efficacy of a mail-home, psychoeducational brochure, directed to the *partners* of African American men (who serve as the gateway to care), in promoting informed decision making among the probands about whether or not to undergo PSA screening for prostate cancer. Secondary aims of the study were to explore how the partner's profile on variables specified by the Social-Cognitive Health Information Processing model, and communication between the partner and the proband, mediate the impact of the intervention, as well as to explore how the attentional style of the partner (i.e., high vs. low monitoring) moderates the impact of the intervention. To accomplish these aims, the study was a two-arm prospective randomized controlled trial with target accrual of 310 participants. Knowledge Networks, an established survey research corporation, was contracted to conduct participant accrual and online administration of study questionnaires. Intervention participants (i.e., the partners) received the intervention brochure, and both control and intervention participants received a control brochure, developed by the Centers for Disease Control. Both brochures included information concerning prostate cancer, the heightened risk of African American men for the disease, and prostate cancer screening. The intervention brochure contained additional content designed to motivate and facilitate the partner's efforts in promoting informed decision making by the proband about PSA screening. The primary outcome variable was the proband's engagement in informed decision making about prostate cancer screening, as reported by the partner. Secondary outcome variables included the extent of the partner's efforts to promote informed decision making about prostate cancer screening by the proband, and the nature and utility of partner/proband communication about prostate cancer, prostate cancer risk, and informed decision making about prostate cancer screening.

Body

Original Study Design

The original design of this study was a randomized controlled trial in which eligible probands (African Americans, first degree relatives of a man with a history of prostate cancer) who contacted the Prostate Cancer Risk Assessment Program (PRAP) at Fox Chase Cancer Center (FCCC) (N =300) were to be randomized to receive either: 1) Standard Care alone, consisting of receipt of a pre-appointment, culturally sensitive mail-home patient-based educational video and a pre-appointment reminder call; or 2) Standard Care plus the intervention, i.e., receipt of a pre-appointment, mail-home psychoeducational brochure directed to the spouse/partner. Proband participation in the initial PRAP appointment and in the 6-week follow-up session, as well as risk-related knowledge, were to have been assessed. The study hypothesis was that men in the Standard Care plus the intervention condition would display higher rates of participation in risk assessment and greater levels of knowledge than men assigned to Standard Care alone, since the intervention was designed to prompt the active role of a critical social contact to promote and support health-related behavior.

Study Accrual Within Original Study Design

A number of ultimately insurmountable barriers to adequate accrual were experienced during efforts to implement the original study design. Included among these barriers were the sharply declining number of available participants in the PRAP program at the inception of the study; the refusal of PRAP enrollees to recruit their spouses/partners; the refusal of spouses/partners who probands attempted to recruit to participate; the significant percentage of PRAP enrollees who were either not married or did not live with a partner; and the fact that there were a number of concurrent studies that competed with this study for recruitment of PRAP participants which had priority for recruitment. These barriers proved insurmountable, despite systematic and extensive efforts to overcome them. These efforts included strategies both to increase enrollment in PRAP and increase recruitment of PRAP enrollees. Efforts to increase PRAP enrollment included use of radio ads; deployment of volunteers to FCCC hospital clinics to recruit patients; community outreach efforts through use of recruitment materials in area hospitals; provision of PRAP information on the FCCC website; and enlistment of FCCC medical staff to assist in recruitment. Efforts to increase recruitment of PRAP enrollees included meeting with PRAP staff regularly to maintain their interest in assisting with study recruitment; establishing a standard procedure for PRAP staff to notify study staff of interested patients; deployment of study staff to the PRAP clinic to recruit PRAP enrollees; and use of structured telephone scripts designed to enhance recruitment. An attempt was also made to recruit participants through a network community hospital healthcare system; this attempt experienced operational and institutional barriers that prevented its successful execution.

Completion of Tasks included in the Approved Statement of Work

All tasks included in the approved Statement of Work were successfully completed, as described below.

Task 1: Revision of Study Materials

a) The revised protocol that was employed in the conduct of the study was developed during a first no-cost extension, starting December 1, 2008 and ending November 31, 2009. The revised protocol was designed to resolve the accrual problems encountered using the original protocol. It incorporated utilization of a national survey research institution, Knowledge Networks (KN), for participant recruitment and online administration of study surveys. It also included a revised consent document, intervention brochure, and selection of a pre-existing brochure as the control brochure. In addition, a contract between FCCC and KN was fully executed on January 15, 2010.

Task 2: Institutional Review Board Process

b) On February 4, 2010, the FCCC Research Review Committee and FCCC Institutional Review Board approved an amendment that incorporated the revised protocol, questionnaires, and consent document. On April 15, 2010, the FCCC IRB approved a modification of the amendment that it approved on February 4, 2010 that added a waiver of documentation of informed consent by study participants (because an online informed consent form would be used), and also a waiver of informed consent by the study participants' partners (whose personal health information would be provided within the study survey by study participants, but which would be provided to study researchers in de-identified form). This amendment was pursuant to input from the DOD to the FCCC IRB concerning the need for the waivers. The amendment was approved by the U.S. Army Medical Research and Materiel Command Human Subjects Research Review Board on May 4, 2010.

On April 22, 2010, a formal agreement was fully executed between the FCCC IRB and Knowledge Networks that the FCCC IRB would serve as the IRB of Record for the study. This agreement was pursuant to input to the FCCC IRB from the DOD concerning the need for this agreement. Approval of the second no-cost extension included the requirement that three technical progress reports be submitted to the DOD on specified dates, all of which were submitted in a timely fashion.

Task 3: First Quarterly Technical Progress Report

c) This was submitted as required on a timely basis.

Task 4: Provision of Study Materials to Knowledge Networks

d) On June 16, 2010, the Research Team sent electronic copies of the following to KN: the consent document, the intervention and control brochures, the baseline and follow-up surveys, and documents adapted from the approved study protocol that described the study design, study measures, study records to be kept, and the data safety and monitoring plan for protection of human subjects.

On June 24, 2010, a shipment of 325 CDC brochures arrived in response to an order placed by the Research Team with the Centers for Disease Control and Prevention.

On June 30, 2010, the Research Team sent electronic copies of the following to KN: a document providing further procedural details concerning the pretest (beyond those provided in the study design document referenced above, and versions of the consent form and the pretest and follow-up surveys, all customized for use by baseline and follow-up pretest participants.

Task 5: Programming of Study Materials

e) Over the first three weeks of July, KN prepared and sent to the Research Team program specifications of the pretest baseline and follow-up consent forms and the pretest baseline and follow-up surveys, placed programmed versions of them online, and sent study researchers the links to the online versions for review. The Research Team in turn reviewed the specifications and online versions of the consent forms and the surveys and provided feedback to KN requesting needed revisions to these materials, which KN made.

Task 6: Pretest of Baseline and Follow-up Programmed Questionnaires

f) On July 14, 2010, the Research Team mailed hardcopies of the intervention and CDC brochures, as well as hardcopies of the letters that accompanied them when KN mailed them to participants during the fielding of the surveys during the study proper.

On July 28, 2010, KN launched accrual for the pretest baseline survey, and provided immediate access for 3 days to the online provisional baseline survey to eligible KN panelists who agreed to participate. As of August 5, 2010, accrual of the target 12 pretest baseline participants had been completed, 12 pretest baseline surveys had been completed, and KN had provided study researchers a file containing both the consents and the resulting survey datasets.

On July 29, 2010, KN launched accrual for the follow-up pre- test survey, and provided immediate access for 3 days to the applicable online brochure (i.e., intervention vs control brochure) to eligible KN panelists who agreed to participate. As of August 5, 2010, 34 follow-up pretest participants had been accrued (16 in

excess of the target 18); 16 of these had completed the follow-up survey; and KN had provided study researchers a file containing the consents of the 34 accrued participants, and also provided the follow-up survey datasets for the 16 participants who completed the follow-up pre-test survey.

Study researchers reviewed the pretest baseline datasets to determine the need for baseline survey revisions, determined that revisions were needed, and communicated this information to KN to make such revisions, which were completed before the study proper was launched. During the fielding of the baseline surveys for the study proper, study researchers reviewed the pretest follow-up datasets to determine the need for follow-up survey revisions, determined that such revisions were needed, and communicated this information to KN to make such revisions, which were completed before the study proper follow-up survey was launched.

Task 7: Participant Recruitment, Consenting, and Randomization; Fielding of Baseline Questionnaires; and Mailing of Brochures to Participants; Fielding of Follow-up Questionnaires

g) On August 10, KN initiated accrual of the sample for participation in the study proper (hereafter the "study"), screened panel members who expressed an interest in participation, and provided immediate access to the baseline survey to those panelists who met eligibility requirements. KN closed online access to the baseline survey on August 16, 2010. (Further information concerning participant accrual for the baseline and follow-up surveys is presented further below.)

Between August 12 and 14, after randomizing participants who had completed the baseline survey to either the intervention or control group (using a randomization algorithm), KN mailed them the applicable brochures (intervention or control), along with an accompanying letter providing a request that they make specified determinations in advance of the f ollow-p survey concerning their partners' medical history to enable them to respond accurately to questions in this regard when take the follow-up survey.

KN fielded the follow-up survey to participants who had completed the baseline survey on September 1, 2010 and closed online access to it on September 9, 2010.

Task 8: Second Quarterly Progress Report

h) This was submitted as required on a timely basis.

Task 9: Review of Knowledge Networks Data and Report

i) Study researchers received a CD containing both the baseline and follow-up datasets and KN's Field Report (dated September 28, 2010) (see Appendix A) on October 6, 2010.

On October the 15, study researchers discove red that two questions which were to have been responded to by control particip ants had been m istakenly omitted from the follow-up survey. Accordingly, those two questions were adm inistered to the control participants who had com pleted the follow-up survey. Their adm inistration started on Oct 21 and finished on Nove mber 5, when responses to requests to respond to them plateaued over several da ys. One hundred and eleven of the 123 control participants who had responded to the f ollow-up su rvey in which the two questions w ere om itted, responded to them when they were adm inistered. Study researchers received the dataset on the omitted questions on November 12, 2010.

On Nove mber 12, 2010, KN prepared and delivered an SPSS f ile containing the collected baseline and follow-up data for the 232 respondents com pleting both surveys (inc luding the d ata f or the two or iginally om itted q uestions), a s well as KN's demographic profile data and post-stra tification statistical weights (explained within the Knowledge Networks Field Report, included in Appendix A).

Task 10: Data Analyses, Manuscript/Professional Presentations, and Report Preparation

j) Study researchers analyzed the data sent by KN, performed statistical analyses, and arrive at preliminary findings. These are reported below.

Task 11: Third Quarterly Progress Report

k) This was submitted as required on a timely basis.

Task 12: Final Progress Report

Study researchers prepared and submitted this report.

Participant Accrual and Survey Administration

Target accrual for the study was 310. To r ecruit the study sample, KN random ly sampled households from its KnowledgePanel, a proba bility-based web panel designed to be representative of the United States. A desc ription of how Knowle dgePanel was recruited appears in the Knowledge Networks Field Report, included in Appendix A.

The target population consisted of U.S. non- institutionalized African American fem ales age 18 and over. Mem bers of the sam pled hous eholds w ho fit this description were further screened agains t the el igibility requirem ent of having an African Am erican male partner who: a) was between the ages of 35 and 69, b) was free of current prostate cancer, c) had no history of past prostate cancer. A de scription of how KN selects panelists for a given study and conducts surveys appears in Appendix B.

Table 1 con tains information abou t accrual a nd survey com pletion by interven tion and control participants. A total of 2237 m embers of Knowledge Network's KnowlegePanel

were canvassed for participation in the st udy (see Table 1). Of th ese, 1085 agreed to participate, of whom 341 were d etermined to be eligib le. A tota l of 3 32 of the la tter completed the baseline survey, after which they were randomized in equal numbers to the intervention and control groups. A total of 109 intervention participants and 123 control participants then com pleted the follow-up survey. A total of 111 of the 123 control participants also com pleted the two questi ons that were e rroneously o mitted f rom the follow-up survey initially administered.

Table 1 Accrual and Survey Completion Statistics

	Number Canvassed	**Number Screened**	**Number Eligible**	**Number who Completed Specified Survey/Questions**	**Survey Completion Rate**
Target Accrual Group	2,237	1,085	341	332 (Baseline Survey)	97.4%
Combined Intervention and Control Groups	N/A	N/A	332	232 (Follow-up Survey)	69.9%
Intervention Group	N/A	N/A	166	109 (Follow-up Survey)	65.66%
Control Group	N/A	N/A	166	123 (Follow-up Survey)	74.10%
Control Group				111 (2 Questions Erroneously Omitted from Follow-up Survey)	90.24% (of the 123 who completed rest of follow-up survey)

Baseline and Follow-up Surveys

The survey s that were adm inistered appear in the Knowledge Networks Field R eport, included in Appendix A, including the baseline survey and the follow-up survey. The two questions that were adm inistered to the control pa rticipants subsequent to their completion of the follow-up survey that omitted these two questions are also includ ed in Appendix A.

Participant Baseline Demographic Variables and Proband Medical History Variables

The dem ographics of part icipants who com pleted both the bas eline and f ollow-up surveys and the related m edical history of th eir partners, the probands, are reported in *Tables 2* and *3*, respectively, within Appendix B. The intervention and control groups did

not differ significantly with respect to any of the demographic and medical variables, controlling for a false discovery rate at 5% (Benjamini & Hochberg, 1995).

The entire sample consisted of Black, nonHispanic females. The mean age of participants was 47.01. Median household income was within the range, $30,000-$39,000. Eighty-five percent of the sample completed high school, 29.31% completed some college, and 21.98%completed a bachelor's degree. Approximately half of the sample was married (52.59%), 11.64% lived with a partner, and the remainder was either widowed, divorced, separated, or never married. Approximately half of the participants were currently working (49.57%). Participants resided in all four regions of the country: Northeast (28%), Midwest (21%), South (56%), West (7%).

Somewhat less than half of the sample (46.55%) had a partner who had previously discussed with a doctor whether to have a PSA test to screen for prostate cancer, and among participants who had such a partner, most of their partners last had this discussion in 2009 (34%) and 2010 (46%), and the remainder had it in 2008 (7%), 2007 (9%), and 2005 (3%). Somewhat less than half the sample had a partner who had at least one PSA test (47%), and among those whose partners had a PSA test, most had one (45%), and the remainder had 2 (25%), 3 (5%), 4 (6%), and 5 (19%). Most of the participants' partners who had a PSA test last had it in 2010 (42%), and the remainder had it in 2009 (30%), 2008 (8%), 2007 (10%), 2006 (1%), and 2005 (9 %). Four percent of participants' partners who had a PSA test had at least one abnormal result.

A little less than a third of the sample had a partner who had at least one digital rectal examination (30%), and among those whose partners had a digital rectal examination, most had one (63%), with the remainder having had 2 (20%), 3 (5%), 4 (3%), and 5 (9%). Most of the participants' partners last had a digital rectal examination in 2010 (58%), and the remainder of participants whose partners had a digital rectal examination last had it in 2009 (44%), 2008 (13%), 2007 (4%), 2006 (18%), and 2005 (4%). Six percent of participants who had partners who had a digital rectal examination had an abnormal finding.

Eight percent of participants had a partner who had a first degree relative who had been diagnosed with prostate cancer.

Operational Definitions of Variables in Study

Appendix C contains the formulas that were used in defining the outcome, moderator, and mediator variables.

Survey Administration

The median times for completion of the baseline and follow-up surveys by the control group were, respectively, 11 and 7 minutes. The median times for completion of the baseline and follow-up surveys by the intervention group were, respectively, 11 and 9

minutes. These median times did not differ significantly (p=.92 and .91 for baseline and follow-up completion times, respectively).

Efficacy of Intervention

All statistical tests were performed with a p-value<5% considered significant.

See *Table 4* in Appendix B for results of statistical analyses of comparisons between the intervention and control groups with respect to the outcome variables.

The intervention and control groups did not differ significantly at follow-up with respect to the primary outcome variable, *extent of engagement in informed decision making about PSA screening*, evaluated via both chi-square (p=.64) and ordinal logistic regression (p=.12).

The intervention and control groups differed significantly at follow-up with respect to the outcome variable, *extent of partner efforts to promote informed decision making about prostate cancer screening*. The control group had a higher mean score than the intervention group on this variable, evaluated via a t test (p< 0.0001). This finding remains significant after adjustment for multiple comparisons at a false discovery rate of 5%, using the Benjamini and Hochberg (1995) method.

The intervention and control groups did not differ significantly either at baseline or follow-up with respect to the outcome variable, *extent and utility of partner/proband communication*, evaluated via t tests (p=.62 and p=.32 for baseline and follow-up differences, respectively). Nor did the two groups differ at follow-up with respect to the this outcome variable, controlling for scores on this variable at baseline, evaluated via ANVOCA (p=.74).

Supplementing the analysis specified in the protocol, we also evaluated differences between the intervention and control groups with respect to the sums of scores on the following pairs of questions, which collectively defined the variable, *extent and utility of partner/proband communication*: communication between the participant and the proband about *prostate cancer* (questions 21 and 22), *prostate cancer risk* (questions 23 and 24), and *informed decision making about prostate cancer screening* (questions 25 and 26). A significant difference was found via t tests (p=.02) between the intervention and control groups with respect to the last of these scores (i.e., the sum score on questions 25 and 26, concerning *informed decision making about prostate cancer screening*). The difference favored the control group.

Moderator Analyses

See *Table 5* in Appendix B for results of moderator statistical analyses.

The moderating status of attentional style (high vs low monitoring), assessed using the Miller Monitoring-Blunting Scale (MBSS), with respect to the impact of the intervention

on the primary outcome variable, *extent of engagement in informed decision making about PSA screening*, was evaluated using the MBSS score as both a continuous variable and categorical variable, via ordinal logistic regression (based on the continuous scores dichotomized at a score of 5, i.e., 0-4 and =>5). The interaction terms in both cases were nonsignificant (for continuous scores, p=.66; for dichotomized scores, p=.55).

The moderating status of attentional style was also evaluated with respect to the impact of the intervention on the outcome variable, *extent of partner efforts to promote informed decision making about prostate cancer screening*, using the MBSS score as both a continuous variable and categorical variable, via ANOVA, as well as via linear regression (based on the continuous scores dichotomized at a score of 5, i.e., 0-4 and =>5). The interaction terms in all three analyses were nonsignificant (for continuous scores, using linear regression, p=.67; for dichotomized scores, using linear regression and ANOVA, p=.14).

See *Table* 6 in Appendix B for statistical results relating to the following associations between selected process variables and the outcome variables *among intervention group participants*.

Although the following findings are not moderator effects, they are of interest. All of these findings apply to intervention participants at follow-up: a) the higher the evaluation of the intervention brochure, a1) the greater the *engagement of the proband in informed decision making* (p<.0001); a2) the greater the *partner's efforts in promoting informed decision making* (p<.0001); a3) the greater the *communication between the partner and the proband* (<.0001); and a4) the higher the *sum score on questions 25 and 26 relating to informed decision making about prostate cancer screening* (<.0001); b) the more the reading of the intervention brochure by participants, b1) the greater the *engagement of the proband in informed decision making* (p=0.01); b2) the greater the *partner's efforts in promoting informed decision making* (p<.0001); b3) the greater the *communication between the partner and the proband* (p=0.02); b4) the higher the *sum score on questions 25 and 26 relating to informed decision making about prostate cancer screening* (p=0.03). The control condition demonstrated a greater effect on this sum score than the intervention condition.

Mediator Analyses

See *Table* 7 in Appendix B for statistical results relating to the mediator analyses that were conducted.

We conducted mediator analyses on the two variables for which significant differences were found between the intervention and control groups: *extent of partner efforts to promote informed decision making about prostate cancer screening*, and the *sum score on questions 25 and 26 that evaluated communication about informed decision making about prostate cancer screening*.

With respect to *extent of partner efforts to promote informed decision making about prostate cancer screening*, the following variables were found to be mediators: a) *partner perception of proband prostate cancer risk* at baseline, and b) at follow-up ; c) *partner intrusive ideation* at baseline, and d) at follow-up ; e) *change in intrusive ideation from baseline to follow-up* (increase); f) *communication between partner and proband* at baseline, and f) at follow-up ; g) *extent of partner reading of control brochure*; h) *extent of proband reading of control brochure*.

With respect to the *sum score on questions 25 and 26 that evaluated communication about informed decision making about prostate cancer screening*, the following variables were found to be mediators: a) *partner intrusive ideation* at baseline, and b) at follow-up; c) *change in intrusive ideation from baseline to follow-up* (increase); d) *extent of partner reading of control brochure*; e) *extent of proband reading of control brochure*.

Key Research Accomplishments

Scientific Accomplishments of this Study

- Conducted a randomized controlled trial of an intervention designed to capitalize on the influence of the partners of African American men (who are a elevated risk of prostate cancer, and also suffer the highest rates of morbidity and mortality due to the disease) in promoting use by these men of informed decision making about prostate cancer screening based on the PSA test (which current evidence indicates is underused in this population).
    - This is the only such trial to our knowledge that specifically addresses use of a print intervention for this particular purpose.
    - The print intervention that was evaluated was designed based on the Social-Cognitive Health Information Processing model (C-SHIP), providing a theoretical rationale for its efficacy.
- The preliminary findings of this study indicate the following:
    - There is notable promise in the potential for a partner to exercise constructive influence on an African American man in seeking the assistance of a healthcare provider in making an informed decision about prostate cancer screening via the PSA test.
    - There is notable promise in the potential for a theoretically based print intervention to motivate and facilitate the efforts of a partner to fulfill her/his role as a constructive influence on an African American man with regard to prostate cancer screening.

- Additional research is needed to identify the particular factors that contribute to the efficacy of a print intervention used for this purpose and their relative importance.

Implementational Accomplishments of this Study

- Identified a research institution, Knowledge Networks (KN), which possesses capabilities for implementing study recruitment from a pre-established standing panel of nationally representative individuals who respond to surveys administered by KN online. Use of their patented methodology enabled resolution of the accrual problems encountered using the original study protocol.

- Developed a revised protocol for the study that enabled utilization of KN, while retaining the overarching purpose of the study as originally designed, which was to capitalize on the supportive role that partners of African American men can play in promoting informed decision making about prostate cancer screening.

- Revisions were made in the following sections of the original protocol: Schema/Study overview, Introduction/Rationale, Study Objectives, Participant Ascertainment, Research Design/Methods, Measurement of Effect, Study Parameters/Timeline, Statement of Work, Statistical Considerations, Records to be Kept, Protection of Human Subjects: Data Safety and Monitoring, and Participant Informed Consent.

- Revised or newly developed the following as entailed by the revised protocol: baseline and follow-up surveys; consent document; intervention brochure; control brochure (newly selected); letters to participants that provided instructions concerning advance retrieval of information about the proband's health history in preparation for responding to questions in this regard within the follow-up survey.

- Obtained approval of the revised protocol, consent document, and surveys by the FCCC Research Review Committee, the FCCC Institutional Review Board, and the U.S. Army Medical Research and Materiel Command Human Subjects Research Review Board.

- Prepared a contract which was fully executed between FCCC and KN that stipulated the specifics of how KN would conduct recruitment and survey administration for the study, KN deliverables, and other required contractual terms.

- Obtained the approval of the FCCC Institutional Review Board of waivers of documentation of informed consent by study participants and by the partners of study participants.

- Made edits to the baseline and follow-up surveys that were required to implement their online administration and to accommodate the need for revisions indicated by pre-test survey administration results.

- Performed a statistical analysis of the results of the baseline and follow-up surveys and arrived at preliminary study findings.

- Wrote a description of the statistical findings of the study.

- Wrote a discussion of the preliminary conclusions that study researchers have drawn based on the statistical analysis of study results.

Reportable Outcomes

To date, there are no publications to report.

A poster presentation of this study was presented at the first annual Innovative Minds in Prostate Cancer Today (IMPaCT) meeting hosted by the U.S. Army Medical Research and Material Command from September 5-8th, 2007.

Conclusions

The findings of this study are unique and encourage further research into the role of the partners of African American men in promoting informed decision making about PSA screening. The preliminary results indicate that African American men are likely to benefit from the active role of their partners in this process. These results are consistent with previous findings in the limited literature in this area that partners of African American men represent an important gateway for access of their families to health services. The preliminary results also indicate that print interventions can be efficacious in motivating and facilitating the partner's efforts in this role, suggesting an important channel for reaching vulnerable and underserved but hard-to-access populations. Additional research should focus on clarifying exactly what the design and content of such print interventions should be to achieve maximum efficacy.

The effects of the intervention brochure are interesting: The more favorably participants evaluated the intervention brochure, the greater proband engagement in informed decision making, partner efforts to promote informed decision making, and partner/proband communication. All of these associations were statistically significant and positive. Parallel significant and positive associations were also found between the extent to which participants read the intervention brochure and the same outcome variables. That is, the more that participants read the intervention brochure, the greater proband engagement in informed decision making, partner efforts to promote informed decision making, and partner/proband communication. In sum, for participants who evaluated the intervention brochure favorably, and also for participants who read it to a greater extent, the brochure "worked," as confirmed by positive augmented levels of the outcome variables.

The finding of no statistically significant difference between the intervention and control groups with respect to engagement of the proband in informed decision making is not surprising. This finding may well be attributable to the strength of the control brochure as

a vehicle of influence on probands due to th e volum e of r elevant inform ation that it contains and its polished presentation. Thus, this might be a case of the control condition being *too potent* relative to the intervention condition to allow the effect of the latter to be demonstrated in a comparison. S ince the co ntrol brochure was combined with the intervention brochu re in the in tervention cond ition, the in tervention b rochure had to demonstrate an in cremental effect *relative to the control brochure*, yet if the latter had a significant effect alone, dim inishing returns m ight have opera ted. It is also noteworthy that the positive associations described above between both a favorab le evaluation of the intervention brochure and reading it to a gr eater extent with the outco me variables are consistent with the "potent control condition" explanation since they suggest that the intervention brochure did in fact have positive effect s on the outcom e variables *when it was assessed independently of comparisons with the control brochure*.

The com bination of th e inter vention brochure and the contro l brochure did not prove to be as effective as the control bro chure al one in increasing partner efforts to prom ote informed de cision m aking about PSA screening. A possible explanation is the fact that partner efforts am ong control participants we re assessed after a longer period of tim e from receipt of the control brochu re than was the case among intervention participants (from their rece ipt of b oth the inte rvention and control brochures), thereby providing a longer period of tim e for the control participan ts to undertake partner efforts. This w as due to the delayed adm inistration of the survey question used to assess partner efforts to control participants because of its inadvertent omission from the follow-up survey. Thus, the delay in the adm inistration of this que stion to control participants m ight have introduced a confound in the evaluation of the relative effects of the intervention and control conditions on partner efforts.

The intervention did not dem onstrate an effect on partner/pr oband communication, controlling for differences in this variable at baseline. Once again, the p ossibility that the control con dition was too potent in its ef fects on this va riable m ight have ope rated, resulting again in dim inishing retu rns of the increm ental effect of t he interv ention condition on this outcom e variable, as was sugge sted as operating above with regard to the effect of the intervention brochure on engagement.

The "potent contro l con dition" exp lanation does not expla in why the c ontrol cond ition demonstrated a significantly greater effect tha n the interv ention cond ition on the sum score on questions 25 and 26, relating to comm unication about informed decision making about prostate cancer screening. Nor does th e "extended tim eline explanation" apply to this va riable, as it d id to partne r ef forts. This finding rem ains to be replicated and elucidated in further research, since in the context of the pr esent study it appears anomalous.

The lack of moderator effects of the variable, attentional styl e, might be explained by the fact that this variable tends to have effects under condit ions of heigh tened af fective processing, yet in the present study the mean level of the only affective variable, intrusive ideation, was relatively low.

The mediator-related findings relating to the greater effect of the control condition on partner efforts to promote informed decision making and on partner/proband communication about informed decision making are interesting. Specifically, a higher partner perception of proband prostate cancer risk would intuitively operate as conducive to partner efforts to promote informed decision making, as would greater intrusive ideation, more partner/proband communication, and more reading of the control brochure. Likewise, greater intrusive ideation and greater partner and proband reading of the control brochure would intuitively be conducive to greater partner/proband communication about informed decision making.

The findings of this study provide a strong foundation for considering the partner of African American men a promising agent for constructive influence in promoting informed decision making about prostate cancer screening, and that print interventions are likely to be instrumental in leveraging this influence. We are in the process of preparing several manuscripts that will report our scientific findings to the academic community with the goal of accelerating research in utilizing partners to promote informed decisions by African American men concerning prostate cancer screening. These manuscripts also aim to reduce health disparities for this minority group. A new grant application that examines the impact of the content and components of the intervention evaluated in this study on the partner's influence on African American men's prostate cancer screening decisions is also in preparation.

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Bibliography of Publications

To date, there are no publications to report.

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Appendices

Attached

Appendix A
Knowledge Networks Field Report

Knowledge Networks Field Report

Project: Prostate Cancer Risk Assessment Study

Submitted to: John Scarpato
Fox Chase Cancer Center

Date Submitted: September 28, 2010

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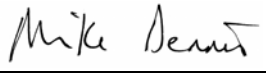
J. Michael Dennis, Ph.D.		09/28/2010	EVP, Government and Academic Research

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Study Design & Documentation

Introduction

Knowledge Networks conducted the Prostate Cancer Risk Assessment Study on behalf of the Fox Chase Cancer Center. Specifically, the study evaluates the use of a culturally targeted brochure on prostate cancer mailed to partners of at-risk men. The study entailed an initial baseline survey conducted prior to mailing of brochures to respondents. After baseline respondents were given time to receive and review the brochures, they completed a followup survey. The surveys were conducted on KnowledgePanel®.

Sample Definition

The target population consisted of U.S. non-institutionalized African American females age 18 and over. Sampled persons were further screened during the survey process for having an African American male partner between the ages of 35 and 69 who was free of current prostate cancer and had no history of past prostate cancer.

To sample the population, Knowledge Networks randomly sampled households from its KnowledgePanel, a probability-based web panel designed to be representative of the United States.

Data Collection Field Period & Survey Length

The data collection field period was as follows.

Stage	Start Date	End Date
Baseline Survey	08/10/2010	08/16/2010
Followup Survey	09/01/2010	09/09/2010

Participants completed the baseline survey in 11 minutes (median) and the followup survey in 8 minutes (median).

Survey Completion and Sample Sizes

The number of respondents sampled and participating in the survey and the survey completion rate are presented below.

Key Survey Response Statistics

Number Sampled	Number Screened	Screener Completion Rate	Number Eligible	Number of Completed Surveys	Survey Completion Rate
2,237	1,085	48.5%	341	332	97.4%
332	N/A	N/A	332	232	69.9%

Prostate Cancer Risk Assessment Study Surveying and Mailing Procedures

As noted above, an initial sample of panelists was selected for the baseline survey. Baseline respondents were screened for eligibility based on characteristics of their spouse/partner. A total of 332 eligible respondents completed the full baseline survey. These respondents were randomized into two experimental groups using a SAS randomization algorithm. The first group was mailed a brochure developed specifically for the intervention along with an existing brochure produced by the Centers for Disease Control and Prevention (CDC). The second was mailed the existing CDC brochure alone. The brochure mailings occurred with three days of baseline survey completion, in two mailing batches. To allow a similar amount of transit and review time for each batch of cases, the followup survey was assigned to those respondents in the first mailing batch on September 1st, and to those respondents in the second mailing batch on September 4th.

Survey Cooperation Enhancements

Besides the standard measures taken by KN to enhance survey cooperation, the following steps were also taken:

- Email reminders to non-responders were sent on day three of the field period;
- A thank-you payment of $5 was provided to panelists completing both the baseline and followup surveys, at the time that the followup survey was completed.

Data File Deliverables and Descriptions

Knowledge Networks prepared and delivered a fully formatted SPSS file containing the collected baseline and followup data for the 232 respondents completing both surveys, KN demographic profile data, and the appropriate variable and value labels. In addition, KN prepared and delivered post-stratification statistical weights.

Variables from or relate d to the baseline su rvey, have variable nam es beginning with "B_" to facilitate their identification. Similarly, variables from or rela ted to the followup survey have variable names beginning with "F_".

The table on the next page shows the name and description of each of the supplemental, demographic, and other profile variables included in the file.

Key Personnel

Key personnel on the study include:

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Supplemental Variables: Weights, Profile Data, and Other

Variable Name	Variable Description
FoxID	Case Identification Number
WT2	Postratification weight: 18+ AA women eligible for the study
WT3	Postratification weight: 18+ AA women eligible for the study, per treatment
XBROCHUR	Assigned treatment condition
MAIL_DATE	Date when brochures mailed
ASSIGN	Date assigned Followup survey
PPAGE	Age
PPAGECAT	Age - 7 Categories
PPAGECT4	Age - 4 Categories
PPEDUC	Education (Highest Degree Received)
PPEDUCAT	Education (Categorical)
PPETHM	Race / Ethnicity
PPGENDER	Gender
PPHHHEAD	Household Head
PPHHSIZE	Household Size
PPHOUSE	Housing Type
PPINCIMP	Household Income
PPMARIT	Marital Status
PPMSACAT	MSA Status
PPREG4	Region 4 - Based on State of Residence
PPREG9	Region 9 - Based on State of Residence
PPRENT	Ownership Status of Living Quarters
PPSTATEN	State
PPT01	Presence of Household Members - Children 0-2
PPT25	Presence of Household Members - Children 2-5
PPT612	Presence of Household Members - Children 6-12
PPT1317	Presence of Household Members - Children 13-17
PPT18OV	Presence of Household Members - Adults 18+
PPWORK	Current Employment Status
PPNET	HH Internet Access

Knowledge Networks Methodology

Introduction

Knowledge Networks has recruited the first online research panel that is representative of the entire U.S. population. Panel members are randomly recruited by probability-based sampling, and households are provided with access to the Internet and hardware if needed.

Knowledge Networks selects households using random-digit dial (RDD) and address-based sampling methods. Once a person is recruited to the panel, they can be contacted by e-mail (instead of by phone or mail). This permits surveys to be fielded very quickly and economically. In addition, this approach reduces the burden placed on respondents, since e-mail notification is less obtrusive than telephone calls, and most respondents find answering Web questionnaires to be more interesting and engaging than being questioned by a telephone interviewer.

Panel Recruitment Methodology

Beginning recruitment in 1999, Knowledge Networks (KN) established the first online research panel (now called KnowledgePanel®) based on probability sampling that covers both the online and offline populations in the U.S. The panel members are randomly recruited by telephone and by self-administered mail and web surveys. Households are provided with access to the Internet and hardware if needed. Unlike other Internet research that covers only individuals with Internet access who volunteer for research, Knowledge Networks surveys are based on a dual sampling frame that includes both listed and unlisted phone numbers, telephone and non-telephone households, and cell-phone-only households. The panel is not limited to current Web users or computer owners. All potential panelists are randomly selected to join the KnowledgePanel; unselected volunteers are not able to join.

RDD and ABS Sample Frames

Knowledge Networks initially selects households using random digit dialing (RDD) sampling and address-based sampling (ABS) methodology. In this section, we will describe the RDD-based methodology, while the ABS methodology is described in a separate section below.

KnowledgePanel recruitment methodology uses the quality standards established by selected RDD surveys conducted for the Federal Government (such as the CDC-sponsored National Immunization Survey).

Knowledge Networks utilizes list-assisted RDD sampling techniques based on a sample frame of the U.S. residential landline telephone universe. For efficiency purposes, Knowledge Networks excludes only those banks of telephone numbers (a bank consists of 100 numbers) that have less than 2 directory listings. Additionally, an oversample is conducted among a stratum telephone exchanges that have high concentrations of African-American and Hispanic households based on

Census data. Note that recruitment sampling is done without replacement, thus numbers already fielded do not get fielded again.

A telephone number for which a valid postal address can be matched occurs in about 70% of the sample. These address-matched cases are all mailed an advance letter informing them that they have been selected to participate in Knowledge Panel. For efficiency purposes, the unmatched numbers are under-sampled at a current rate of 0.75 relative to the matched numbers. Both the oversampling mentioned above and this under-sampling of non-address households are adjusted appropriately in the panel's weighting procedures.

Following the mailings, the telephone recruitment begins for all sampled phone numbers using trained interviewer/recruiters. Cases sent to telephone interviewers are dialed for up to 90 days, with at least 14 dial attempts on cases where no one answers the phone, and on numbers known to be associated with households. Extensive refusal conversion is also performed. The recruitment interview, about 10 minutes long, begins with informing the household member that they have been selected to join KnowledgePanel. If the household does not have a computer and access to the Internet, they are told that in return for completing a short survey weekly, they will be provided with a laptop computer (previously a WebTV device was provided) and free monthly Internet access. All members in a household are then enumerated, and some initial demographic and background information on prior computer and Internet use are collected.

Households that inform interviewers that they have a home computer and Internet access are asked to take their surveys using their own equipment and Internet connection. Incentive points per survey, redeemable for cash, are given to these "PC" respondents for completing their surveys. Panel members who were provided with either a WebTV earlier or currently a laptop computer (both with free Internet access) do not participate in this per survey points incentive program. However, all panel members do receive special incentive points for select surveys to improve response rates and for all longer surveys as a modest compensation for burden.

For those panel members receiving a laptop computer (as with the former WebTV), prior to shipment, each unit is custom configured with individual email accounts, so that it is ready for immediate use by the household. Most households are able to install the hardware without additional assistance, though Knowledge Networks maintains a telephone technical support line. The Knowledge Networks Call Center contacts household members who do not respond to email and attempts to restore both contact and cooperation. PC panel members provide their own email addresses and we send their weekly surveys to that email account.

All new panel members are sent an initial survey to both welcome them as new panel members but also to familiarize them with how online survey questionnaires work. They also complete a separate profile survey that collects essential demographic information such as gender, age, race, income, and education to create a personal member profile. This information can be used to determine eligibility for specific studies, is used for weighting purposes, and operationally need not be gathered with each and every survey. This information is updated annually with each panel member. Once completed new member is "profiled," they are designated as "active" and ready to be sampled for client studies. [Note: Parental or legal guardian consent is also collected for conducting surveys with teenage panel members, ages 13-17.]

Once a household is contacted by phone—and additional household members recruited via their email address—panel members are sent surveys linked through a personalized email invitation (instead of by phone or mail). This permits surveys to be fielded quickly and economically, and also facilitates longitudinal research. In addition, this approach reduces the burden placed on respondents, since email notification is less obtrusive than telephone calls, and allows research subjects to participate in research when it is convenient for them.

Address-Based Sampling (ABS) Methodology

When KN started KnowledgePanel panel recruitment in 1999, the state of the art in the industry was that probability-based sampling could be cost effectively carried out using a national random-digit dial (RDD) sample frame. The RDD landline frame at the time allowed access to 96% of the U.S. population. This is no longer the case. We introduced the ABS sample frame to rise to the well-chronicled changes in society and telephony in recent years. The following changes have reduced the long-term scientific viability of the landline RDD sampling methodology: declining respondent cooperation to telephone surveys; do not call lists; call screening, caller-ID devices and answering machines; dilution of the RDD sample frame as measured by the working telephone number rate; and finally, the emergence and exclusion of cell-phone-only households (CPOHH) because they have no landline phone.

According to the Center for Disease Control, approximately 25% of U.S. households cannot be contacted through RDD sampling: 22% as a result of CPOHH status and 3% because they have no phone service whatsoever. Among some segments of society, the sample noncoverage is substantial: more than one-third of young adults, ages 18-24, reside in CPOHHs.

After conducting an extensive pilot project in 2008, we made the decision to add an address-based sample (ABS) frame in response to the growing number of cell-phone only households that are outside of the RDD frame. Before conducting the ABS pilot, we also experimented with supplementing our RDD samples with cell-phone samples. However, this approach was not cost effective for you our clients and raised a number of other operational, data quality, and liability issues (e.g., calling people's cell phones while they were driving).

The key advantage of the ABS sample frame is that it allows sampling of almost all U.S. households. An estimated 98% of households are "covered" in sampling nomenclature. Regardless of household telephone status, they can be reached and contacted via the mail. Second, our ABS pilot project revealed some other advantages beyond the expected improvement in recruiting adults from CPOHHs:

- Improved sample representativeness for minority racial and ethnic groups
- Improved inclusion of lower educated and low income households
- Exclusive inclusion of CPOHHs that have neither a landline telephone nor Internet access (approximately 4% to 6% of US households).

ABS involves probability-based sampling of addresses from the U.S. Postal Service's Delivery Sequence File. Randomly sampled addresses are invited to join KnowledgePanel through a

series of mailings and in some cases telephone follow-up calls to non-responders when a telephone number can be matched to the sampled address. Invited households can join the panel by one of several means:

- by completing and mailing back a paper form in a postage-paid envelope;
- by calling a toll-free hotline maintained by Knowledge Networks; or
- by going to a designated KN web-site and completing an online recruitment form.

After initially accepting the invitation to join the panel, respondents are then "profiled" online answering key demographic questions about themselves. This profile is maintained using the same procedures established for the RDD-recruited research subjects. Respondents not having an Internet connection are provided a laptop computer and free Internet service. Respondents sampled from ABS frame, like those from the RDD frame are provided the same privacy terms and confidentiality protections that we have developed over the years and have been reviewed by dozens of Institutional Review Boards.

Large-scale ABS sampling for our KnowledgePanel recruitment began in April, 2009. As a result, KnowledgePanel will be improving its sample coverage of CPOHHs and young adults.

Because we will have recruited panelists from two different sample frames – RDD and ABS – we are taking several technical steps to merge samples sourced from these frames. Our approach preserves the representative structure of the overall panel for the selection of individual client study samples. An advantage of mixing ABS frame panel members in any KnowledgePanel sample is a reduction in the variance of the weights. ABS-sourced sample tends to align more true to the overall population demographic distributions and thus the associated adjustment weights are somewhat more uniform and less varied. This variance reduction efficaciously attenuates the sample's design effect and confirms a real advantage for study samples drawn from KnowledgePanel with its dual frame construction.

Survey Administration

For client surveys, samples are drawn at random from among active panel members. Depending on the study, eligibility criteria will be applied or in-field screening of the sample will be carried out. Sample sizes can range widely depending on the objectives and design of the study.

Once assigned to a survey, members receive a notification email letting them know there is a new survey available for them to take. This email notification contains a link that sends them to the survey questionnaire. No login name or password is required. The field period depends on the client's needs, and can range anywhere from a few hours to several weeks.

After three days, automatic email reminders are sent to all non-responding panel members in the sample. Additional email reminders were sent out throughout the field period, as needed. If email reminders do not generate a sufficient response, an automated telephone reminder call may be initiated. The usual protocol is to wait at least three-four days after the email reminder before calling. To assist panel members with their survey taking, each individual has a personalized

"home page" that lists all the surveys that were assigned to that member and have yet to be completed.

Knowledge Networks also operates an ongoing, modest, incentive program to encourage participation and create member loyalty. Members can enter special raffles or can be entered into special sweepstakes with both cash and other prizes to be won.

The typical survey commitment for panel members is one survey per week or four per month with a duration of 10-15 minutes per survey. Some client surveys exceed this time and in the case of longer surveys an additional incentive may be provided.

Survey Sampling from KnowledgePanel

Once Panel Members are recruited and profiled, they become eligible for selection for specific client surveys. In most cases, the specific survey sample represents a simple random sample from the panel, for example, a general population survey. Customized stratified random sampling based on profile data may also be conducted as required by the study design.

The general sampling rule is to assign no more than one survey per week to members. Allowing for rare weekly exceptions, this limits a member's total assignments per month to 4 or 6 surveys. In certain cases, a survey sample calls for pre-screening, that is, members are drawn from a subsample of the panel (such as, females, Republicans, grocery shoppers, etc.). In such cases, care is taken to ensure that all subsequent survey samples drawn that week are selected in such a way as to result in a sample that remains representative of the panel distributions.

For this survey, a nationally representative sample of adults (18 and over) in seven Chicago-area counties was selected.

Sample Weighting

The design for a KnowledgePanel® sample begins as an equal probability sample with several enhancements incorporated to improve efficiency. Since any alteration in the selection process is a deviation from a pure equal probability sample design, statistical weighting adjustments are made to the data to offset known selection deviations. These adjustments are incorporated in the sample's **base weight**.

There are also several sources of survey error that are an inherent part of any survey process, such as non-coverage and non-response due to panel recruitment methods and to inevitable panel attrition. We address these sources of sampling and non-sampling error using a **panel demographic post-stratification weight** as an additional adjustment.

Lastly, a set of **study-specific post-stratification weights** are constructed for the study data to adjust for the study's sample design and survey non-response.

A description of these types of weights follows.

The Base Weight

In a KnowledgePanel sample there are seven known sources of deviation from an equal probability of selection design. These are corrected in the Base Weight and are described below.

1. Under-sampling of telephone numbers unmatched to a valid mailing address

An address match is attempted on all the Random Digit Dial (RDD) generated telephone numbers in the sample after the sample has been purged of business and institutional numbers and screened for non-working numbers. The success rate for address matching is in the 60-70% range. The telephone numbers with valid addresses are sent an advance letter, notifying the household that they will be contacted by phone to join KnowledgePanel. The remaining, unmatched numbers are under-sampled as a recruitment efficiency strategy. Advance letters improve recruitment success rates. Under-sampling stopped between July 2005 and April 2007. It was resumed in May 2007 with a sampling rate of 0.75.

2. RDD selection proportional to the number of telephone landlines reaching the household

As part of the field data collection operation, information is collected on the number of separate telephone landlines in each selected household. A multiple line household's selection probability is down weighted by the inverse of its number of landlines.

3. Some minor oversampling of Chicago and Los Angeles due to early pilot surveys

Two pilot surveys carried out in Chicago and Los Angeles when the panel was first being built increased the relative size of the sample from these two cities. With natural attrition and growth in size, the impact is disappearing over time. It remains part of our base adjustment weighting because of a small number of extant panel members from that nascent panel cohort.

4. Early oversampling the four largest states and central region states

At the time when the panel was first being built, survey demand in the four largest states (California, New York, Florida, and Texas) required over-sampling during January-October 2000. Similarly, the central region states were over-sampled for a brief period. These now diminishing effects still remain in the panel membership and thus require weighting adjustments for these geographic areas.

5. Under-sampling of households not covered by the MSN® TV service network

Certain small areas of the U.S. are not serviced by MSN® , thus the MSN®TV units distributed to non-Internet households prior to January 2009 could not be used for those recruited non-Internet households. Overall, the result is a small residual under-sample in those geographic areas requiring a minor weighting adjustment for those locations. Since January 2010, laptop computers with dial-up access are being distributed to non-Internet households thus eliminating this under-coverage component.

6. RDD oversampling of African-American and Hispanic telephone exchanges

As of October 2001, over-sampling of telephone exchanges with a higher density of minority households (specifically African American and Hispanic) was implemented to increase panel membership for those groups. These exchanges were oversampled at approximately twice the rate of other exchanges. This over-sampling is corrected in the base weight.

7. Address-based sample phone match adjustment

Towards the end of 2008, Knowledge Networks began recruiting panel members using an address-based sample (ABS) frame in addition to RDD recruitment. Once recruitment through the mail, including follow-up mailings to ABS non-respondents was completed, a telephone recruitment was added. Non-responding ABS households where a landline telephone number could be matched to an address were subsequently called and a telephone recruitment initiated. This effort results in a slight overall disproportionate number of landline households being recruited in a given ABS sample. A base weight adjustment is applied to return the ABS recruitment panel members to the sample's correct national proportion of phone-match and no phone-match households.

8. ABS oversample stratification adjustment

In late 2009 the ABS sample began incorporating a geographic stratification design. Census blocks with high density minority communities were oversampled (Stratum 1) and the balance of the census blocks (Stratum 2) were relatively undersampled. The definition of high density, minority community and the relative proportion between strata differed among specific ABS samples. An appropriate base weight adjustment is applied to each sample to correct for this stratified design.

The Panel Demographic Post-stratification Weight

To reduce the effects of any non-response and non-coverage bias in the overall panel membership, a post-stratification adjustment is applied using demographic distributions from the most recent data from the Current Population Survey (CPS). Benchmark distributions for Internet Access among the U.S. population of adults had been obtained from KnowledgePanel recruitment data since this measurement is not collected as part of the monthly CPS. However, as of June 2010, a special CPS supplement (October 2009) collected and reported an Internet

access measurement and this replaces the recruitment source and is used as a benchmark for panel weighting.

The post-stratification variables include:

- Gender (Male/Female)
- Age (18-29, 30-44, 45-59, and 60+)
- Race/Hispanic ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Other/Non-Hispanic, 2+ Races/Non-Hispanic, Hispanic)
- Education (Less than High School, High School, Some College, Bachelor and beyond)
- Census Region (Northeast, Midwest, South, West)
- Metropolitan Area (Yes, No)
- Internet Access (Yes, No)

This weighting adjustment is applied prior to the selection of any client sample from KnowledgePanel. These weights constitute the starting weights for any client survey selected from the panel.

Study-Specific Post-Stratification Weights

Once all the study data are returned from the field, we proceeded with a post-stratification process to adjust for any survey non-response and also any non-coverage due to the study-specific sample design. For the current study, demographic and geographic distributions for the non-institutionalized, civilian population of African American women ages 18+ from the most recent Current Population Survey (CPS) are used as benchmarks in this adjustment.

The following benchmark distributions are utilized for this post-stratification adjustment:

- Age (18-29, 30-44, 45-59, and 60+)
- Education (Less than High School/High School, Some College, Bachelor and beyond)
- Census Region (Northeast, Midwest, South, West)
- Metropolitan Area (Yes, No)
- Internet Access (Yes, No)

Comparable distributions are calculated using all completed cases from the field data. Since study sample sizes are typically too small to accommodate a complete cross-tabulation of all the survey variables with the benchmark variables, an iterative proportional fitting is used for the post-stratification weighting adjustment. This procedure adjusts the sample data back to the selected benchmark proportions. Through an iterative convergence process, the weighted sample data are optimally fitted to the marginal distributions.

After this final post-stratification adjustment, the distribution of the calculated weights are examined to identify and, if necessary, trim outliers at the extreme upper and lower tails of the weight distribution. The post-stratified and trimmed weights are then scaled to the sum of the total sample size of all eligible respondents.

Two weights are provided for the current study, using the initial weight produced by the process above as a starting point.

1. Weight2: A final post-stratified weight for those who completed the followup survey, with the total cases matched to benchmarks.
2. Weight3: The final post-stratified weight for those who completed the followup survey with cases matched to benchmarks within treatment group.

Appendix A: Baseline Questionnaire

[SP]
S1. For this health-related study, we're looking for people who have an African American husband or who live with an African American partner. Do you have an African American husband or live-in partner?

Yes 1
No .....2 **[TERMINATE]**

[SP]
S1a. Is your husband or partner between the ages of 35 and 69?

Yes 1
No .....2 **[TERMINATE]**

[SP]
S2. Does your spouse or partner currently have prostate cancer?

Yes .....1 **[TERMINATE]**
No 2

[SP]
S3. Does your spouse or partner have a history of prostate cancer?

Yes .....1 **[TERMINATE]**
No 2

[DISPLAY]

INFORMED CONSENT

Evaluation of A Culturally Targeted, Personalized Mail-Home Brochure Directed to Partners of At-Risk Men to Facilitate Prostate Cancer Risk Assessment

Principal Investigator: Dr. Suzanne Miller

You are being asked to take part in this research study because you are the spouse/partner of an African American man between 35 and 69 years of age who is free of a current diagnosis of prostate cancer, and has no history of a prior diagnosis of prostate cancer.

The sponsor of this study is the Department of Defense.

Why is this research study being done?

The purpose of this research study is to test the usefulness of a brochure given to the spouses/partners of African American men at risk for prostate cancer in promoting informed decision making on the part of these men about prostate cancer screening.

We can use what we learn from this research study to develop better ways to communicate with African American men about their risk for prostate cancer and the importance of informed decision making about prostate cancer screening.

How many people will take part in this research study?

About 310 men and women will take part in this research study.

[SPLIT SCREEN]
[DISPLAY]

What will happen if you take part in this research study?

You will be asked to complete two surveys online over a period of about three weeks. The surveys will be accessible from, and administered through, Knowledge Networks.

The first survey from Knowledge Networks will take approximately 10 minutes. It will ask about how you react to stressful situations, your thoughts, feelings, and behaviors relating to your spouse's/partner's risk for prostate cancer, and your communication with your spouse/partner about prostate cancer and his risk for it.

Approximately 10 days after the first survey, you will receive the second survey from Knowledge Networks. The second survey will take approximately 15 minutes.

During the period between the two surveys from Knowledge Networks, you will receive either one or two brochures in the mail about prostate cancer and be asked to read these brochures. Whether you receive one or two brochures will be determined by chance (like flipping a coin).

The second survey from Knowledge Networks will again ask about your thoughts, feelings, and behaviors relating to your spouse's/partner's risk for prostate cancer, and your communication with your spouse/partner about prostate cancer and his risk for it. It will also ask about the brochure(s) you receive in the mail.

In addition, it will ask you about your spouse's/partner's history of prostate cancer screening and his family's history of prostate cancer, to the best of your knowledge.

You do not have to answer any questions that make you feel uneasy. In order to protect your privacy, your identity will not be linked in any way to the responses you provide.

How long will you be in this research study?

You will be asked to complete two separate Knowledge Networks surveys over a three week period.

Can you stop being on this research study?

Yes, you can decide to stop at any time. Simply close your browser window and either call the toll-free KN hotline (1-800-782-6899) or send an email to the KN email address (privacy@knowledgenetworks.com) to notify KN that you are ending your participation in the study.

What side effects or risks can you expect from being in this research study?

The risks from participating in this study are minimal. You may feel anxious or uncomfortable when completing the surveys. If you feel anxious, worried, or uncomfortable because of any of the questions, you can choose not to answer those questions without affecting your participation in the study. Safeguards are in place that maintain the confidentiality of your responses, including the fact that identifying information is never revealed without a panelist's approval, your identity will not be linked in any way to the responses you provide, all personally identifying records are kept in secure storage, and all data is transmitted in a way that protects confidentiality.

Are there benefits to taking part in this study?

The information from this study can help to develop better ways to communicate with African American and other men about prostate cancer and prostate cancer screening.

Will you be compensated?

You will be paid $5 if you complete both surveys.

[SPLIT SCREEN]
[DISPLAY]

What are your rights if you take part in this research study?

Taking part in this research study is your choice. You may choose either to take part or not to take part in the research study. If you decide to take part in the study, you may leave the study at any time by notifying KN either through its toll-free hotline (1-800-782-6899) or by sending an

email to the KN email address (privacy@knowledgenetworks.com) that you are ending participation in the study. Panelists are not required to participate in any particular survey in order to be eligible for and remain KN panelists. Participation in each survey is voluntary, as described in the Privacy Terms provided to all panelists and published on the KN Panel Member website.

Who can answer your questions about the surveys in this research study and about the research study itself?

If you have questions about the online surveys	Please Call: Knowledge Networks at (800) 782-6899 Dr. Suzanne Miller at (215) 728-4069
If you have questions about this study	Please Call: Dr. Suzanne Miller 215-728-4069

[SP]
[PROMPT IF SKIP]
QConsent. By clicking on the accept box below, you tell us that you have received all of the information you need to decide whether to take part in the research study and that you agree to take part in it.

I agree to take part in this research study.

Accept 1
Do Not Accept 2

[TERMINATE IF QCONSENT=2]

[SP]
QConsent2. If you would like, we can send you a copy of the consent information that you just reviewed, by e-mail. Would you like a copy of the consent information?

Yes 1
No 2

[MP]
Q1. Vividly imagine that you are **afraid** of the dentist and have to get some dental work done. Which of the following would you do? Select **all** of the statements that might apply to you.

I would ask the dentist exactly what work was going to be done. 1

I would take a tranquilizer or have a drink before going. 2

I would try to think about pleasant memories. 3

I would want the dentist to tell me when I would feel pain. 4

I would try to sleep. 5

I would watch all the dentist's movements and listen for the sound of the drill. 6

I would watch the flow of water from my mouth to see if it contained blood. 7

I would do mental puzzles in my mind. 8

[MP]
Q2. Vividly imagine that, due to a large drop in sales, it is rumored that several people in your department at work will be laid off. Your supervisor has turned in an evaluation of your work for the past year. The decision about lay-offs has been made and will be announced in several days. Which of the following would you do? Select **all** of the statements that might apply to you.

I would talk to my fellow workers to see if they knew anything about what the supervisor evaluation of me said. 1

I would review the list of duties for my present job and try to figure out if I had fulfilled them all. 2

I would go to the movies to take my mind off things. 3

I would try to remember any arguments or disagreements I might have had that would have resulted in the supervisor having a lower opinion of me. 4

I would push all thoughts of being laid off out of my mind. 5

I would tell my spouse/partner that I'd rather not discuss my chances of being laid off. 6

I would try to think which employees in my department the supervisor might have thought had done the worst job. 7

I would continue doing my work as if nothing special was happening. 8

[GRID, SP ACROSS]
Please select the one box below that most accurately describes your estimate of your spouse's/partner's risk of developing prostate cancer.

Q7. Overall, how would you rate your spouse's/partner's risk of developing prostate cancer?

Much lower than average	A little lower than average	About average	A little higher than average	Much higher than average
…1	…2	…3	…4	…5

[GRID, SP ACROSS]
[SPLIT GRID BETWEEN Q15 AND Q16]
Please answer the following questions *with regard to prostate cancer* based on what you think.

There are no right or wrong answers; whatever you think is the right answer.

Please select YES or NO to each statement.

	YES	**NO**
Q8. I believe that if someone is meant to have prostate cancer, it doesn't matter whether they receive screening or not – they will get prostate cancer anyway.		
Q9. I believe that if someone has prostate cancer, it is already too late to do anything about it.		
Q10. I believe that someone can get prostate cancer screening all their life, and if they are not meant to get prostate cancer, they won't get it.		
Q11. I believe that if someone is meant to get prostate cancer they will get it no matter what they do.		
Q12. I believe that if someone gets prostate cancer, it was meant to be.		
Q13. I believe that if someone gets prostate cancer, their time to die is near.		
Q14. I believe that if someone gets prostate cancer, that's the way they were meant to die.		
Q15. I believe that receiving prostate cancer screening makes people scared that they may really have prostate cancer.		

[SPLIT GRID]		
Q16. I believe that if someone is meant to have prostate cancer, they will have prostate cancer.		
Q17. I believe that people don't want to know if they have prostate cancer because they don't want to know they are dying.		
Q18. I believe if someone gets prostate cancer, it doesn't matter if they get prostate cancer screening – they will still die from it anyway.		
Q19. I believe if someone gets prostate cancer and gets treated for it, they will probably still die from it.		
Q20. I believe if someone was meant to have prostate cancer, it doesn't matter what they do, they will get prostate cancer anyway.		
Q21. If someone is meant to have prostate cancer, it doesn't matter if they get screened, they will get prostate cancer anyway.		
Q22. I believe prostate cancer will kill you even if the cancer is detected early due to regular prostate cancer screening.		

[GRID, SP ACROSS]
Below is a list of comments about how you have been feeling about *your spouse's/partner's risk for prostate cancer*.

Select the box that most accurately describes how frequently the comment was true for you in the *past week, including today*. If any of these responses did not occur, please select the "Not at All" column.

Not at all	Rarely	Sometimes	Often
1	2	3	4

26. I thought about it when I didn't mean to.
27. I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind.
28. I had waves of strong feelings about it.
29. I had dreams about it.
30. Pictures about it popped into my mind.
31. Other things kept making me think about it.
32. Any reminder brought back feelings of it.

[DISPLAY]
"***Informed decision about prostate cancer screening***" means the following when used below: *a decision by a man about whether to have a PSA test to screen for prostate cancer based in part on a discussion with a doctor or other healthcare provider to help him make this decision.*

We are interested in information about your conversations with your spouse/partner about certain topics.

[SP ACROSS]
33. How much have you talked with your spouse/partner about ***prostate cancer***?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF Q33=2 TO 5]
[SP ACROSS]
34. How useful were the conversations with your spouse/partner about ***prostate cancer***?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[[SP ACROSS]
35. How much have you talked with your spouse/partner about his ***prostate cancer risk***?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF Q35=2 TO 5]
[SP ACROSS]
36. How useful were the conversations with your spouse/partner about his ***prostate cancer risk***?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[SP ACROSS]
37. How much have you talked with your spouse/partner about making an ***informed decision about prostate cancer screening***?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF Q37=2 TO 5]
SP ACROSS]
38. How <u>useful</u> were the conversations with your spouse/partner about making an ***informed decision about prostate cancer screening***?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

Appendix B: Followup Questionnaire

[IF XBROCHUR=1]
[DISPLAY]
Hello. Several weeks ago, you agreed to take part in this research study because you are the spouse/partner of an African American man between 35 and 69 years of age who is free of a current diagnosis of prostate cancer, and has no history of a prior diagnosis of prostate cancer. In the last couple of weeks or so, you should have received a brochure from Knowledge Networks about prostate cancer screening. We would now like to ask you some questions about health topics related to the brochure.

[IF XBROCHUR=2]
[DISPLAY]
Hello. Several weeks ago, you agreed to take part in this research study because you are the spouse/partner of an African American man between 35 and 69 years of age who is free of a current diagnosis of prostate cancer, and has no history of a prior diagnosis of prostate cancer. In the last couple of weeks or so, you should have received two brochures from Knowledge Networks about prostate cancer screening. We would now like to ask you some questions about the brochures and related health topics.

[SP]
Please answer the following questions to the best of your knowledge. If you have no knowledge on which to base an answer, please answer "Do not know."

Q1. To the best of your knowledge, has your spouse/partner ever discussed with a doctor or other healthcare provider whether to have a PSA test to screen for prostate cancer?

Yes 1
No 2
Do not know 3

[IF Q1=1]
[GRID, SP ACROSS]
Q1a. To the best of your knowledge, when was the last time that your spouse/partner discussed with a doctor or other healthcare provider whether to have a PSA test to screen for prostate cancer?

2005	2006	2007	2008	2009	2010	Do not know
1	2	3	4	5	6	7

[SP]
Q2. To the best of your knowledge, has your spouse/partner ever had a PSA test to screen for prostate cancer?

Yes 1
No 2
Do not know 3

[IF Q2=1]
[GRID, SP ACROSS]
Q2a. To the best of your knowledge, how many PSA tests has your spouse/partner had in the last five years?

One (1)	Two (2)	Three (3)	Four (4)	Five (5)	Do not know
1	2	3	4	5	6

[IF Q2=1]
[GRID, SP ACROSS]
Q2b. To the best of your knowledge, what was the last year that your spouse/partner had a PSA test?

2005	2006	2007	2008	2009	2010	Do not know
1	2	3	4	5	6	7

[IF Q2=1]
[SP]
Q2c. To the best of your knowledge, has your spouse/partner ever been told that his PSA was abnormal?

Yes 1
No 2
Do not know 3

[SP]
Q3. To the best of your knowledge, has your spouse/partner ever had a digital rectal examination to screen for prostate cancer?

Yes 1
No 2
Do not know 3

[IF Q3=1]
[GRID, SP ACROSS]
Q3a. To the best of your knowledge, how many digital rectal examinations has your spouse/partner had in the past five years?

One (1)	Two (2)	Three (3)	Four (4)	Five (5)	Do not know
1	2	3	4	5	6

[IF Q3=1]
[GRID,SP ACROSS]
Q3b. To the best of your knowledge, what was the last year that your spouse/partner had a digital rectal examination?

2005	2006	2007	2008	2009	2010	Do not know
1	2	3	4	5	6	7

[IF Q3=1]
[SP]
Q3c. To the best of your knowledge, has your spouse/partner ever been told that his digital rectal examination was abnormal?

Yes 1
No 2
Do not know 3

[SP]
Q4.To the best of your knowledge, does your spouse/partner have any first-degree relatives (father, brother, son) who have been diagnosed with prostate cancer?

Yes 1
No 2
Do not know 3

[GRID, SP ACROSS]
Q5. Please select the one box below that most accurately describes your estimate of your spouse's/partner's risk of developing prostate cancer.

Overall, how would you rate your spouse's/partner's risk of developing prostate cancer?

Much lower than average	A little lower than average	About average	A little higher than average	Much higher than average
1	2	3	4	5

[DISPLAY]
We are interested in certain of your beliefs about your spouse/partner making an ***informed decision about prostate cancer screening***.

"***Informed decision about prostate cancer screening***" means the following when used for the following questions: a decision by a man about whether to have a PSA test to screen for prostate cancer based in part on a discussion with a doctor or other healthcare provider to help him make this decision.

[PROGRAMMING NOTE: PLEASE IMPLEMENT A BACK TEMPLATE WHERE WE RESPONDENTS WILL BE ABLE TO REFER TO THE DEFINITION FOR INFORMED DECISION ABOUT PROSTATE CANCER SCREENING. THE INSTRUCTIONS THAT INCLUDES THE LINK TO THE BACK TEMPLATE IS AS FOLLOWS: "*If you'd like to see more information on what we mean by "informed decision about prostate cancer screening," please click here.***" THE WORD "HERE" WILL BE HIGHLIGHTED IN RED, AND THE INSTRUCTION SHOULD APPEAR IN SMALLER ITALICIZED FONT THAN THE REST OF THE TEXT ON PAGE.**

THE DEFINITION THAT SHOULD BE THEN SHOWN ON THE BACK TEMPLATE IS AS FOLLOWS:
""***Informed decision about prostate cancer screening***" means the following when used here: a decision by a man about whether to have a PSA test to screen for prostate cancer based in part on a discussion with a doctor or other healthcare provider to help him make this decision."]

[GRID, SP ACROSS]
Please indicate the response below that most accurately describes how much you agree or disagree with the following statements.

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**," please click here.*

Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
1	2	3	4	5

Q6. I believe I can have a great influence on whether my spouse/partner makes an ***informed decision about prostate cancer screening***.

Q7. I believe my spouse/partner has the ability to make an ***informed decision about prostate cancer screening***.

Q8. I believe my spouse/partner will receive great benefits from making an ***informed decision about prostate cancer screening***.

[GRID, SP ACROSS]
Below is a list of comments about how you have been feeling about your spouse's/partner's risk for prostate cancer. Please select an answer for each comment.

Please select the box that most accurately describes how frequently the comment was true for you in the past week, including today. If any of these responses did not occur, please select the "Not at All" column.

Not at all	Rarely	Sometimes	Often
1	2	3	4

Q9. I thought about it when I didn't mean to.

Q10. I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind.

Q11. I had waves of strong feelings about it.

Q12. I had dreams about it.

Q13. Pictures about it popped into my mind.

Q14. Other things kept making me think about it.

Q15. Any reminder brought back feelings of it.

[SHOW Q16 IF XBROCHUR=2]
[SP]
Each of the following statements describes how much you might have read the Study Brochure that you received.

Q16. Please select the most accurate statement.

I did not read the Study Brochure 1
I read **PARTS** of the Study Brochure once 2
I read **ALL** of the Study Brochure once 3
I read **ALL** of the Study Brochure once and also **RE**-read or **RE**-reviewed **PARTS** of it one or more times 4
I read **ALL** of the Study Brochure once and also **RE**-read or **RE**-reviewed **ALL** of it one or more times..... 5

[SP]
Each of the following statements describes how much you might have read the CDC Brochure.

Q17. Please select the most accurate statement.

I did not read the CDC Brochure 1
I read **PARTS** of the CDC Brochure once 2
I read **ALL** of the CDC Brochure once 3
I read **ALL** of the CDC Brochure once and also **RE**-read or **RE**-reviewed **PARTS** of it one or more times 4
I read **ALL** of the CDC Brochure once and also **RE**-read or **RE**-reviewed **ALL** of it one or more times..... 5

[SP]
Each of the following statements describes how much your spouse/partner might have read the CDC Brochure - to the best of your knowledge.

Q18. Please select the most accurate statement.

To the best of my knowledge, my spouse/partner:

Did not read the CDC Brochure.....1
Read **PARTS** of the CDC Brochure once 2
Read **ALL** of the CDC Brochure once 3
Read **ALL** of the CDC Brochure once and also **RE**-read or **RE**-reviewed **PARTS** of it one or more times 4
Read **ALL** of the CDC Brochure once and also **RE**-read or **RE**-reviewed **ALL** of it one or more times.....5

[IF XBROCHUR=2]
[SP]
[INSERT SPACE BETWEEN ANSWER OPTIONS]
Q19. Each of the following statements describes what your spouse/partner might have done after you received the Study Brochure.

Please select the most accurate statement.

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

After I received the study brochure, my spouse/partner:

Attended an appointment in which he had a discussion with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening*** (He might or might not have had a PSA or DRE test done at the appointment.).....1

[INSERT SPACE]

Scheduled an appointment with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening***.....2

[INSERT SPACE]

Took one or more steps to schedule an appointment with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening*** (for example, tried to contact the office to make the appointment, obtained the required referral form, etc.) 3

[INSERT SPACE]

Said that he intends to schedule an appointment with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening***, but has not yet taken any steps to schedule this appointment 4

[INSERT SPACE]

Said that he intends to have a discussion with a doctor or other healthcare provider at his next scheduled appointment to help him make an ***informed decision about prostate cancer screening***, but does not intend to schedule an appointment specifically for this purpose 5

[INSERT SPACE]

Said that he is undecided about whether he will schedule an appointment or whether he will have such a discussion at his next scheduled appointment with a healthcare provider to help him make an ***informed decision about prostate cancer screening*** 6

[INSERT SPACE]

Said that he does not intend to schedule an appointment with a healthcare provider to help him an ***informed decision about prostate cancer screening*** 7

[IF XBROCHUR=2]
[GRID, SP ACROSS]
Q20. Each of the following statements describes an approach to getting your spouse/partner an appointment with a doctor or other healthcare provider to help him make an **informed decision about prostate cancer screening.**

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Please select the box for each statement that most accurately describes how much you tried the approach described after you received the study brochure.

After I received the study brochure, I did the following to get my spouse/partner an appointment with a doctor or other healthcare provider to help him make an **informed decision about prostate cancer screening**.

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Not at all	To a small extent	To a moderate extent	To a large extent
1	2	3	4

I urged him to schedule the appointment

I reminded him to schedule the appointment

I pointed out the potential benefits of the appointment

I offered to schedule the appointment for him myself

[IF XBROCHUR=2]
[SP]
Q20A. Did you schedule an appointment for your partner/spouse?

Yes 1
No 2

[GRID, SP ACROSS]
[IF xBROCHUR=1 SHOW FOLLOWING QUESTION TEXT]
We are interested in information about your conversations with your spouse/partner about certain topics.

[IF xBROCHUR=2 SHOW FOLLOWING QUESTION TEXT]
We are interested in information about your conversations with your spouse/partner about certain topics –- conversations that occurred after you received the Study Brochure.

After you received the study brochure:

Q21. How *much* did you talk with your spouse/partner about prostate cancer?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF Q21=2-5]
[GRID, SP ACROSS]
Q22. How useful were the conversations with your spouse/partner about prostate cancer?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[GRID, SP ACROSS]
Q23. How much did you talk with your spouse/partner about his prostate cancer risk?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF Q23=2-5]
[GRID, SP ACROSS]
Q24. How useful were the conversations with your spouse/partner about his prostate cancer risk?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[GRID, SP ACROSS]
Q25. How much did you talk with your spouse/partner about making an ***informed decision about prostate cancer screening***?

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF Q25=2-5]
[GRID, SP ACROSS]
Q26. How useful were the conversations with your spouse/partner about making an ***informed decision about prostate cancer screening***?

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF XBROCHUR=2]
[GRID, SP ACROSS]
We are interested in your opinions about the Study Brochure you received.

Q27. To what extent did the Study Brochure help you to communicate with your spouse/partner about the importance of making an ***informed decision about prostate cancer screening****?*

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF XBROCHUR=2]
[GRID, SP ACROSS]
Q28. To what extent did the Study Brochure help you to influence your spouse/partner to believe that he should make an ***informed decision about prostate cancer screening****?*

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF XBROCHUR=2]
[GRID, SP ACROSS]
Q29. To what extent was the Study Brochure easy to read and understand?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF XBROCHUR=2]
[GRID, SP ACROSS]
Q30. To what extent was the Study Brochure personally relevant and meaningful to you?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF XBROCHUR=2]
[GRID, SP ACROSS]
Q31. To what extent was the Study Brochure written and designed in a way that is appealing to an African American reader?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

[IF XBROCHUR=2]
[GRID, SP ACROSS]
Q32. To what extent did the Study Brochure help you to communicate with your spouse/partner about his prostate cancer risk?

Not at All	A little bit	Moderately	Quite a bit	Very Much
1	2	3	4	5

Appendix C: Data Frequencies

FoxID Case Identification Number

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

weight2 Postratification weight: 18+ AA women eligible for the study

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

weight3 Postratification weight: 18+ AA women eligible for the study, per treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

XBROCHUR Assigned treatment condition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 CDC brochure	123	53.0	53.0	53.0
	2 CDC & STUDY brochures	109	47.0	47.0	100.0
	Total	232	100.0	100.0	

MAIL_DATE Date when brochures mailed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Aug-13-10	134	57.8	57.8	57.8
	2 Aug-17-10	98	42.2	42.2	100.0
	Total	232	100.0	100.0	

ASSIGN Date assigned Followup survey

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Sept-01-10	98	42.2	42.2	42.2
	2 Sept-04-10	134	57.8	57.8	100.0
	Total	232	100.0	100.0	

B_tm_start Baseline survey Interview start time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

B_tm_finish Baseline survey Interview finish time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

B_duration Baseline survey duration in minutes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

F_tm_start Followup survey Interview start time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

F_tm_finish Followup survey Interview finish time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

F_duration Followup survey Interview duration in minutes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

B_S1 Do you have an African American husband or live-in partner?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	232	100.0	100.0	100.0

B_S1A Is your husband or partner between the ages of 35 and 69?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	232	100.0	100.0	100.0

B_S2 Does your spouse or partner currently have prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 No	232	100.0	100.0	100.0

B_S3 Does your spouse or partner have a history of prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 No	232	100.0	100.0	100.0

B_Q1_1 [I would ask the dentist exactly what work was going to be done.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	19	8.2	8.2	8.2
	1 Yes	213	91.8	91.8	100.0
	Total	232	100.0	100.0	

B_Q1_2 [I would take a tranquilizer or have a drink before going.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	205	88.4	88.4	88.4
	1 Yes	27	11.6	11.6	100.0
	Total	232	100.0	100.0	

B_Q1_3 [I would try to think about pleasant memories.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	113	48.7	48.7	48.7
	1 Yes	119	51.3	51.3	100.0
	Total	232	100.0	100.0	

B_Q1_4 [I would want the dentist to tell me when I would feel pain.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	98	42.2	42.2	42.2
	1 Yes	134	57.8	57.8	100.0
	Total	232	100.0	100.0	

B_Q1_5 [I would try to sleep.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	191	82.3	82.3	82.3
	1 Yes	41	17.7	17.7	100.0
	Total	232	100.0	100.0	

B_Q1_6 [I would watch all the dentist's movements and listen for the sound of the drill.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	167	72.0	72.0	72.0
	1 Yes	65	28.0	28.0	100.0
	Total	232	100.0	100.0	

B_Q1_7 [I would watch the flow of water from my mouth to see if it contained blood.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	199	85.8	85.8	85.8
	1 Yes	33	14.2	14.2	100.0
	Total	232	100.0	100.0	

B_Q1_8 [I would do mental puzzles in my mind.] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	197	84.9	84.9	84.9
	1 Yes	35	15.1	15.1	100.0
	Total	232	100.0	100.0	

B_Q1_9 [Refused] Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	232	100.0	100.0	100.0

B_Q2_1 [I would talk to my fellow workers to see if they knew anything about what the supervisor evaluation of me said.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	187	80.6	80.6	80.6
	1 Yes	45	19.4	19.4	100.0
	Total	232	100.0	100.0	

B_Q2_2 [I would review the list of duties for my present job and try to figure out if I had fulfilled them all.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	73	31.5	31.5	31.5
	1 Yes	159	68.5	68.5	100.0
	Total	232	100.0	100.0	

B_Q2_3 [I would go to the movies to take my mind off things.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	208	89.7	89.7	89.7
	1 Yes	24	10.3	10.3	100.0
	Total	232	100.0	100.0	

B_Q2_4 [I would try to remember any arguments or disagreements I might have had that would have resulted in the supervisor having a lower opinion of me.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	177	76.3	76.3	76.3
	1 Yes	55	23.7	23.7	100.0
	Total	232	100.0	100.0	

B_Q2_5 [I would push all thoughts of being laid off out of my mind.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	145	62.5	62.5	62.5
	1 Yes	87	37.5	37.5	100.0
	Total	232	100.0	100.0	

B_Q2_6 [I would tell my spouse/partner that I'd rather not discuss my chances of being laid off.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	209	90.1	90.1	90.1
	1 Yes	23	9.9	9.9	100.0
	Total	232	100.0	100.0	

B_Q2_7 [I would try to think which employees in my department the supervisor might have thought had done the worst job.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	181	78.0	78.0	78.0
	1 Yes	51	22.0	22.0	100.0
	Total	232	100.0	100.0	

B_Q2_8 [I would continue doing my work as if nothing special was happening.] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	40	17.2	17.2	17.2
	1 Yes	192	82.8	82.8	100.0
	Total	232	100.0	100.0	

B_Q2_refused [Refused] The decision about lay-offs has been made and will be announced in several days. Which of the following would you do?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	230	99.1	99.1	99.1
	1 Yes	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

B_Q7 Overall, how would you rate your spouse's/partner's risk of developing prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Much lower than average	40	17.2	17.2	17.2
	2 A little lower than average	50	21.6	21.6	38.8
	3 About average	115	49.6	49.6	88.4
	4 A little higher than average	25	10.8	10.8	99.1
	5 Much higher than average	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

B_Q8 [I believe that if someone is meant to have prostate cancer, it doesn't matter whether they receive screening or not - they will get prostate cancer anyway.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Yes	90	38.8	38.8	39.2
	2 No	141	60.8	60.8	100.0
	Total	232	100.0	100.0	

B_Q9 [I believe that if someone has prostate cancer, it is already too late to do anything about it.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Yes	2	0.9	0.9	1.3
	2 No	229	98.7	98.7	100.0
	Total	232	100.0	100.0	

B_Q10 [I believe that someone can get prostate cancer screening all their life, and if they are not meant to get prostate cancer, they won't get it.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	110	47.4	47.4	48.3
	2 No	120	51.7	51.7	100.0
	Total	232	100.0	100.0	

B_Q11 [I believe that if someone is meant to get prostate cancer they will get it no matter what they do.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Yes	81	34.9	34.9	35.3
	2 No	150	64.7	64.7	100.0
	Total	232	100.0	100.0	

B_Q12 [I believe that if someone gets prostate cancer, it was meant to be.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Yes	66	28.4	28.4	29.7
	2 No	163	70.3	70.3	100.0
	Total	232	100.0	100.0	

B_Q13 [I believe that if someone gets prostate cancer, their time to die is near.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	5	2.2	2.2	3.0
	2 No	225	97.0	97.0	100.0
	Total	232	100.0	100.0	

B_Q14 [I believe that if someone gets prostate cancer, that's the way they were meant to die.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	4	1.7	1.7	2.6
	2 No	226	97.4	97.4	100.0
	Total	232	100.0	100.0	

B_Q15 [I believe that receiving prostate cancer screening makes people scared that they may really have prostate cancer.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	2.2	2.2	2.2
	1 Yes	72	31.0	31.0	33.2
	2 No	155	66.8	66.8	100.0
	Total	232	100.0	100.0	

B_Q16 [I believe that if someone is meant to have prostate cancer, they will have prostate cancer.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Yes	87	37.5	37.5	38.8
	2 No	142	61.2	61.2	100.0
	Total	232	100.0	100.0	

B_Q17 [I believe that people don't want to know if they have prostate cancer because they don't want to know they are dying.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	92	39.7	39.7	40.5
	2 No	138	59.5	59.5	100.0
	Total	232	100.0	100.0	

B_Q18 [I believe if someone gets prostate cancer, it doesn't matter if they get prostate cancer screening - they will still die from it anyway.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	8	3.4	3.4	4.3
	2 No	222	95.7	95.7	100.0
	Total	232	100.0	100.0	

B_Q19 [I believe if someone gets prostate cancer and gets treated for it, they will probably still die from it.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	16	6.9	6.9	7.8
	2 No	214	92.2	92.2	100.0
	Total	232	100.0	100.0	

B_Q20 [I believe if someone was meant to have prostate cancer, it doesn't matter what they do, they will get prostate cancer anyway.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	2.2	2.2	2.2
	1 Yes	57	24.6	24.6	26.7
	2 No	170	73.3	73.3	100.0
	Total	232	100.0	100.0	

B_Q21 [If someone is meant to have prostate cancer, it doesn't matter if they get screened, they will get prostate cancer anyway.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	76	32.8	32.8	33.6
	2 No	154	66.4	66.4	100.0
	Total	232	100.0	100.0	

B_Q22 [I believe prostate cancer will kill you even if the cancer is detected early due to regular prostate cancer screening.] Please answer the following questions with regard to prostate cancer based on what you think.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Yes	7	3.0	3.0	4.3
	2 No	222	95.7	95.7	100.0
	Total	232	100.0	100.0	

B_Q26 [I thought about it when I didn't mean to.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Not at all	165	71.1	71.1	72.4
	2 Rarely	36	15.5	15.5	87.9
	3 Sometimes	25	10.8	10.8	98.7
	4 Often	3	1.3	1.3	100.0
	Total	232	100.0	100.0	

B_Q27 [I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	1.7	1.7
	1 Not at all	193	83.2	83.2	84.9
	2 Rarely	20	8.6	8.6	93.5
	3 Sometimes	13	5.6	5.6	99.1
	4 Often	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

B_Q28 [I had waves of strong feelings about it.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Not at all	174	75.0	75.0	75.4
	2 Rarely	29	12.5	12.5	87.9
	3 Sometimes	22	9.5	9.5	97.4
	4 Often	6	2.6	2.6	100.0
	Total	232	100.0	100.0	

B_Q29 [I had dreams about it.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	1.7	1.7
	1 Not at all	205	88.4	88.4	90.1
	2 Rarely	14	6.0	6.0	96.1
	3 Sometimes	8	3.4	3.4	99.6
	4 Often	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

B_Q30 [Pictures about it popped into my mind.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Not at all	197	84.9	84.9	86.2
	2 Rarely	19	8.2	8.2	94.4
	3 Sometimes	12	5.2	5.2	99.6
	4 Often	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

B_Q31 [Other things kept making me think about it.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Not at all	188	81.0	81.0	81.9
	2 Rarely	18	7.8	7.8	89.7
	3 Sometimes	17	7.3	7.3	97.0
	4 Often	7	3.0	3.0	100.0
	Total	232	100.0	100.0	

B_Q32 [Any reminder brought back feelings of it.] Please tell us how frequently the comment was true for you in the past week, including today.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Not at all	187	80.6	80.6	81.5
	2 Rarely	27	11.6	11.6	93.1
	3 Sometimes	15	6.5	6.5	99.6
	4 Often	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

B_Q33 How much have you talked with your spouse/partner about prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	1.7	1.7
	1 Not at All	65	28.0	28.0	29.7
	2 A little bit	95	40.9	40.9	70.7
	3 Moderately	51	22.0	22.0	92.7
	4 Quite a bit	14	6.0	6.0	98.7
	5 Very Much	3	1.3	1.3	100.0
	Total	232	100.0	100.0	

B_Q34 How useful were the conversations with your spouse/partner about prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	2.5	2.5
	1 Not at All	16	6.9	9.8	12.3
	2 A little bit	36	15.5	22.1	34.4
	3 Moderately	52	22.4	31.9	66.3
	4 Quite a bit	40	17.2	24.5	90.8
	5 Very Much	15	6.5	9.2	100.0
	Total	163	70.3	100.0	
Missing	System	69	29.7		
Total		232	100.0		

B_Q35 How much have you talked with your spouse/partner about his prostate cancer risk?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Not at All	79	34.1	34.1	34.5
	2 A little bit	80	34.5	34.5	69.0
	3 Moderately	45	19.4	19.4	88.4
	4 Quite a bit	16	6.9	6.9	95.3
	5 Very Much	11	4.7	4.7	100.0
	Total	232	100.0	100.0	

B_Q36 How useful were the conversations with your spouse/partner about his prostate cancer risk?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Not at All	13	5.6	8.6	8.6
	2 A little bit	41	17.7	27.0	35.5
	3 Moderately	50	21.6	32.9	68.4
	4 Quite a bit	31	13.4	20.4	88.8
	5 Very Much	17	7.3	11.2	100.0
	Total	152	65.5	100.0	
Missing	System	80	34.5		
Total		232	100.0		

B_Q37 How much have you talked with your spouse/partner about making an informed decision about prostate cancer screening?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Not at All	70	30.2	30.2	31.5
	2 A little bit	67	28.9	28.9	60.3
	3 Moderately	51	22.0	22.0	82.3
	4 Quite a bit	25	10.8	10.8	93.1
	5 Very Much	16	6.9	6.9	100.0
	Total	232	100.0	100.0	

B_Q38 How useful were the conversations with your spouse/partner about making an informed decision about prostate cancer screening?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.6	0.6
	1 Not at All	8	3.4	5.0	5.7
	2 A little bit	42	18.1	26.4	32.1
	3 Moderately	49	21.1	30.8	62.9
	4 Quite a bit	37	15.9	23.3	86.2
	5 Very Much	22	9.5	13.8	100.0
	Total	159	68.5	100.0	
Missing	System	73	31.5		
Total		232	100.0		

F_Q1 Has your spouse/partner ever discussed with a doctor whether to have a PSA test to screen for prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Yes	125	53.9	53.9	54.3
	2 No	74	31.9	31.9	86.2
	3 Do not know	32	13.8	13.8	100.0
	Total	232	100.0	100.0	

F_Q1A When was the last time that your spouse/partner discussed with a doctor whether to have a PSA test to screen for prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.8	0.8
	1 2005	5	2.2	4.0	4.8
	2 2006	1	0.4	0.8	5.6
	3 2007	5	2.2	4.0	9.6
	4 2008	12	5.2	9.6	19.2
	5 2009	45	19.4	36.0	55.2
	6 2010	45	19.4	36.0	91.2
	7 Do not know	11	4.7	8.8	100.0
	Total	125	53.9	100.0	
Missing	System	107	46.1		
Total		232	100.0		

F_Q2 Has your spouse/partner ever had a PSA test to screen for prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Yes	122	52.6	52.6	53.0
	2 No	87	37.5	37.5	90.5
	3 Do not know	22	9.5	9.5	100.0
	Total	232	100.0	100.0	

F_Q2A How many PSA test has your spouse/partner had in the last five years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.6	1.6
	1 One (1)	46	19.8	37.7	39.3
	2 Two (2)	24	10.3	19.7	59.0
	3 Three (3)	6	2.6	4.9	63.9
	4 Four (4)	11	4.7	9.0	73.0
	5 Five (5)	25	10.8	20.5	93.4
	6 Do not know	8	3.4	6.6	100.0
	Total	122	52.6	100.0	
Missing	System	110	47.4		
Total		232	100.0		

F_Q2B What was the last year that your spouse/partner had a PSA test?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 2005	9	3.9	7.4	7.4
	2 2006	3	1.3	2.5	9.8
	3 2007	8	3.4	6.6	16.4
	4 2008	15	6.5	12.3	28.7
	5 2009	41	17.7	33.6	62.3
	6 2010	39	16.8	32.0	94.3
	7 Do not know	7	3.0	5.7	100.0
	Total	122	52.6	100.0	
Missing	System	110	47.4		
Total		232	100.0		

F_Q2C Has your spouse/partner ever been told that his PSA was abnormal?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	8	3.4	6.6	6.6
	2 No	108	46.6	88.5	95.1
	3 Do not know	6	2.6	4.9	100.0
	Total	122	52.6	100.0	
Missing	System	110	47.4		
Total		232	100.0		

F_Q3 Has your spouse/partner ever had a digital rectal examination to screen for prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Yes	85	36.6	36.6	37.1
	2 No	101	43.5	43.5	80.6
	3 Do not know	45	19.4	19.4	100.0
	Total	232	100.0	100.0	

F_Q3A How many digital rectal examinations has your spouse/partner had in the past five years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	1.2	1.2
	1 One (1)	34	14.7	40.0	41.2
	2 Two (2)	19	8.2	22.4	63.5
	3 Three (3)	5	2.2	5.9	69.4
	4 Four (4)	7	3.0	8.2	77.6
	5 Five (5)	11	4.7	12.9	90.6
	6 Do not know	8	3.4	9.4	100.0
	Total	85	36.6	100.0	
Missing	System	147	63.4		
Total		232	100.0		

F_Q3B What was the last year that your spouse/partner had a digital rectal examination?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 2005	3	1.3	3.5	3.5
	2 2006	7	3.0	8.2	11.8
	3 2007	4	1.7	4.7	16.5
	4 2008	6	2.6	7.1	23.5
	5 2009	32	13.8	37.6	61.2
	6 2010	23	9.9	27.1	88.2
	7 Do not know	10	4.3	11.8	100.0
	Total	85	36.6	100.0	
Missing	System	147	63.4		
Total		232	100.0		

F_Q3C Has your spouse/partner ever been told that his digital rectal examination was abnormal?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	7	3.0	8.2	8.2
	2 No	75	32.3	88.2	96.5
	3 Do not know	3	1.3	3.5	100.0
	Total	85	36.6	100.0	
Missing	System	147	63.4		
Total		232	100.0		

F_Q4 Does your spouse/partner have any first-degree relatives (father, brother, son) who have been diagnosed with prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Yes	26	11.2	11.2	12.1
	2 No	178	76.7	76.7	88.8
	3 Do not know	26	11.2	11.2	100.0
	Total	232	100.0	100.0	

F_Q5 How would you rate your spouse's/partner's risk of developing prostate cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.4	0.4
	1 Much lower than average	40	17.2	17.2	17.7
	2 A little lower than average	54	23.3	23.3	40.9
	3 About average	105	45.3	45.3	86.2
	4 A little higher than average	30	12.9	12.9	99.1
	5 Much higher than average	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

F_Q6 [I believe I can have a great influence on whether my spouse/partner makes an informed decision about prostate cancer screening.] Please indicate how much you agree/disagree with the following statements.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	1.7	1.7
	1 Strongly disagree	15	6.5	6.5	8.2
	2 Somewhat disagree	12	5.2	5.2	13.4
	3 Neither agree nor disagree	28	12.1	12.1	25.4
	4 Somewhat agree	89	38.4	38.4	63.8
	5 Strongly agree	84	36.2	36.2	100.0
	Total	232	100.0	100.0	

F_Q7 [I believe my spouse/partner has the ability to make an informed decision about prostate cancer screening.] Please indicate how much you agree/disagree with the following statements.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Strongly disagree	17	7.3	7.3	8.6
	2 Somewhat disagree	8	3.4	3.4	12.1
	3 Neither agree nor disagree	17	7.3	7.3	19.4
	4 Somewhat agree	62	26.7	26.7	46.1
	5 Strongly agree	125	53.9	53.9	100.0
	Total	232	100.0	100.0	

F_Q8 [I believe my spouse/partner will receive great benefits from making an informed decision about prostate cancer screening.] Please indicate how much you agree/disagree with the following statements.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Strongly disagree	17	7.3	7.3	8.6
	2 Somewhat disagree	6	2.6	2.6	11.2
	3 Neither agree nor disagree	21	9.1	9.1	20.3
	4 Somewhat agree	56	24.1	24.1	44.4
	5 Strongly agree	129	55.6	55.6	100.0
	Total	232	100.0	100.0	

F_Q9 [I thought about it when I didn't mean to.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Not at all	127	54.7	54.7	55.6
	2 Rarely	57	24.6	24.6	80.2
	3 Sometimes	41	17.7	17.7	97.8
	4 Often	5	2.2	2.2	100.0
	Total	232	100.0	100.0	

F_Q10 [I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Not at all	191	82.3	82.3	83.2
	2 Rarely	24	10.3	10.3	93.5
	3 Sometimes	13	5.6	5.6	99.1
	4 Often	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

F_Q11 [I had waves of strong feelings about it.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Not at all	156	67.2	67.2	68.1
	2 Rarely	37	15.9	15.9	84.1
	3 Sometimes	31	13.4	13.4	97.4
	4 Often	6	2.6	2.6	100.0
	Total	232	100.0	100.0	

F_Q12 [I had dreams about it.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Not at all	206	88.8	88.8	90.1
	2 Rarely	12	5.2	5.2	95.3
	3 Sometimes	10	4.3	4.3	99.6
	4 Often	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

F_Q13 [Pictures about it popped into my mind.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	2.2	2.2	2.2
	1 Not at all	185	79.7	79.7	81.9
	2 Rarely	20	8.6	8.6	90.5
	3 Sometimes	19	8.2	8.2	98.7
	4 Often	3	1.3	1.3	100.0
	Total	232	100.0	100.0	

F_Q14 [Other things kept making me think about it.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	1.7	1.7
	1 Not at all	159	68.5	68.5	70.3
	2 Rarely	33	14.2	14.2	84.5
	3 Sometimes	28	12.1	12.1	96.6
	4 Often	8	3.4	3.4	100.0
	Total	232	100.0	100.0	

F_Q15 [Any reminder brought back feelings of it.] Below is a list of comments about how you've been feeling about your spouse's/partner's risk for prostate cancer. Please select the one that most accurately describes how frequently the comment was true for you in the past week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	2.6	2.6	2.6
	1 Not at all	172	74.1	74.1	76.7
	2 Rarely	31	13.4	13.4	90.1
	3 Sometimes	18	7.8	7.8	97.8
	4 Often	5	2.2	2.2	100.0
	Total	232	100.0	100.0	

F_Q16 Each of the following statements describes how much you might have read the Study Brochure that you received. Please select the most accurate statement.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.9	0.9
	1 I did not read the Study Brochure	19	8.2	17.4	18.3
	2 I read PARTS of the Study Brochure once	31	13.4	28.4	46.8
	3 I read ALL of the Study Brochure once	41	17.7	37.6	84.4
	4 I read ALL of the Study Brochure once and also RE-read or RE-reviewed PARTS of it one or mor	12	5.2	11.0	95.4
	5 I read ALL of the Study Brochure once and also RE-read or RE-reviewed ALL of it one or more	5	2.2	4.6	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q17 Each of the following statements describes how much you might have read the CDC Brochure. Please select the most accurate statement.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 I did not read the CDC Brochure	35	15.1	15.1	16.4
	2 I read PARTS of the CDC Brochure once	59	25.4	25.4	41.8
	3 I read ALL of the CDC Brochure once	102	44.0	44.0	85.8
	4 I read ALL of the CDC Brochure once and also RE-read or RE-reviewed PARTS of it one or more	22	9.5	9.5	95.3
	5 I read ALL of the CDC Brochure once and also RE-read or RE-reviewed ALL of it one or more ti	11	4.7	4.7	100.0
	Total	232	100.0	100.0	

F_Q18 Each of the following statements describes how much your spouse/partner might have read the CDC Brochure. Please select the most accurate statement.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Did not read the CDC Brochure	100	43.1	43.1	44.4
	2 Read PARTS of the CDC Brochure once	57	24.6	24.6	69.0
	3 Read ALL of the CDC Brochure once	56	24.1	24.1	93.1
	4 Read ALL of the CDC Brochure once and also RE-read or RE-reviewed PARTS of it one or more ti	15	6.5	6.5	99.6
	5 Read ALL of the CDC Brochure once and also RE-read or RE-reviewed ALL of it one or more time	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

F_Q19 Each of the following statements describes what your spouse/partner might have done after you received the Study Brochure. Please select the most accurate statement.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	3.9	8.3	8.3
	1 Attended an appointment in which he had a discussion with a doctor or o	8	3.4	7.3	15.6
	2 Scheduled an appointment with a doctor or other healthcare provider to	7	3.0	6.4	22.0
	3 Took one or more steps to schedule an appointment with a doctor or othe	7	3.0	6.4	28.4
	4 Said that he intends to schedule an appointment with a doctor or other	13	5.6	11.9	40.4
	5 Said that he intends to have a discussion with a doctor or other health	25	10.8	22.9	63.3
	6 Said that he is undecided about whether he will schedule an appointment	16	6.9	14.7	78.0
	7 Said that he does not intend to schedule an appointment with a healthca	24	10.3	22.0	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q20_1 [I urged him to schedule the appointment] Please select the box for each statement that most accurately describes how much you tried the approach described after you received the study brochure.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	2.6	5.5	5.5
	1 Not at all	52	22.4	47.7	53.2
	2 To a small extent	16	6.9	14.7	67.9
	3 To a moderate extent	27	11.6	24.8	92.7
	4 To a large extent	8	3.4	7.3	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q20_2 [I reminded him to schedule the appointment] Please select the box for each statement that most accurately describes how much you tried the approach described after you received the study brochure.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	2.2	4.6	4.6
	1 Not at all	52	22.4	47.7	52.3
	2 To a small extent	14	6.0	12.8	65.1
	3 To a moderate extent	27	11.6	24.8	89.9
	4 To a large extent	11	4.7	10.1	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q20_3 [I pointed out the potential benefits of the appointment] Please select the box for each statement that most accurately describes how much you tried the approach described after you received the study brochure.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	1.7	3.7	3.7
	1 Not at all	42	18.1	38.5	42.2
	2 To a small extent	22	9.5	20.2	62.4
	3 To a moderate extent	19	8.2	17.4	79.8
	4 To a large extent	22	9.5	20.2	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q20_4 [I offered to schedule the appointment for him myself] Please select the box for each statement that most accurately describes how much you tried the approach described after you received the study brochure.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	2.6	5.5	5.5
	1 Not at all	64	27.6	58.7	64.2
	2 To a small extent	9	3.9	8.3	72.5
	3 To a moderate extent	19	8.2	17.4	89.9
	4 To a large extent	11	4.7	10.1	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q20A Did you schedule an appointment for your partner/spouse?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.8	1.8
	1 Yes	9	3.9	8.3	10.1
	2 No	98	42.2	89.9	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q21 [How much did you talk with your spouse/partner about prostate cancer?] We are interested in information about your conversations with your spouse/partner about certain topics.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	0.9	0.9
	1 Not at All	34	14.7	14.7	15.5
	2 A little bit	83	35.8	35.8	51.3
	3 Moderately	67	28.9	28.9	80.2
	4 Quite a bit	36	15.5	15.5	95.7
	5 Very Much	10	4.3	4.3	100.0
	Total	232	100.0	100.0	

F_Q22 [How useful were the conversations with your spouse/partner about prostate cancer?] We are interested in information about your conversations with your spouse/partner about certain topics.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.0	1.0
	1 Not at All	12	5.2	6.1	7.1
	2 A little bit	58	25.0	29.6	36.7
	3 Moderately	51	22.0	26.0	62.8
	4 Quite a bit	48	20.7	24.5	87.2
	5 Very Much	25	10.8	12.8	100.0
	Total	196	84.5	100.0	
Missing	System	36	15.5		
Total		232	100.0		

F_Q23 [How much did you talk with your spouse/partner about his prostate cancer risk?] We are interested in information about your conversations with your spouse/partner about certain topics.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	2.2	2.2	2.2
	1 Not at All	40	17.2	17.2	19.4
	2 A little bit	74	31.9	31.9	51.3
	3 Moderately	64	27.6	27.6	78.9
	4 Quite a bit	37	15.9	15.9	94.8
	5 Very Much	12	5.2	5.2	100.0
	Total	232	100.0	100.0	

F_Q24 [How useful were the conversations with your spouse/partner about his prostate cancer risk?] We are interested in information about your conversations with your spouse/partner about certain topics.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.1	1.1
	1 Not at All	12	5.2	6.4	7.5
	2 A little bit	53	22.8	28.3	35.8
	3 Moderately	51	22.0	27.3	63.1
	4 Quite a bit	47	20.3	25.1	88.2
	5 Very Much	22	9.5	11.8	100.0
	Total	187	80.6	100.0	
Missing	System	45	19.4		
Total		232	100.0		

F_Q25 [How much did you talk with your spouse/partner about making an informed decision about prostate cancer screening?] We are interested in information about your conversations with your spouse/partner about certain topics.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	1.3	1.3
	1 Not at All	41	17.7	17.7	19.0
	2 A little bit	67	28.9	28.9	47.8
	3 Moderately	61	26.3	26.3	74.1
	4 Quite a bit	49	21.1	21.1	95.3
	5 Very Much	11	4.7	4.7	100.0
	Total	232	100.0	100.0	

F_Q26 [How useful were the conversations with your spouse/partner about making an informed decision about prostate cancer screening?] We are interested in information about your conversations with your spouse/partner about certain topics.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Not at All	11	4.7	5.9	5.9
	2 A little bit	54	23.3	28.7	34.6
	3 Moderately	52	22.4	27.7	62.2
	4 Quite a bit	53	22.8	28.2	90.4
	5 Very Much	18	7.8	9.6	100.0
	Total	188	81.0	100.0	
Missing	System	44	19.0		
Total		232	100.0		

F_Q27 [To what extent did the Study Brochure help you to communicate with your spouse/partner about the importance of making an informed decision about prostate cancer screening?] We are interested in your opinions about the Study Brochure you received.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.8	1.8
	1 Not at All	19	8.2	17.4	19.3
	2 A little bit	23	9.9	21.1	40.4
	3 Moderately	17	7.3	15.6	56.0
	4 Quite a bit	34	14.7	31.2	87.2
	5 Very Much	14	6.0	12.8	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q28 [To what extent did the Study Brochure help you to influence your spouse/partner to believe that he should make an informed decision about prostate cancer screening?] We are interested in your opinions about the Study Brochure you received.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	0.4	0.9	0.9
	1 Not at All	30	12.9	27.5	28.4
	2 A little bit	26	11.2	23.9	52.3
	3 Moderately	22	9.5	20.2	72.5
	4 Quite a bit	24	10.3	22.0	94.5
	5 Very Much	6	2.6	5.5	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q29 [To what extent was the Study Brochure easy to read and understand.] We are interested in your opinions about the Study Brochure you received.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.8	1.8
	1 Not at All	5	2.2	4.6	6.4
	2 A little bit	3	1.3	2.8	9.2
	3 Moderately	17	7.3	15.6	24.8
	4 Quite a bit	42	18.1	38.5	63.3
	5 Very Much	40	17.2	36.7	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q30 [To what extent was the Study Brochure personally relevant and meaningful to you?] We are interested in your opinions about the Study Brochure you received.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	1.3	2.8	2.8
	1 Not at All	9	3.9	8.3	11.0
	2 A little bit	20	8.6	18.3	29.4
	3 Moderately	24	10.3	22.0	51.4
	4 Quite a bit	38	16.4	34.9	86.2
	5 Very Much	15	6.5	13.8	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q31 [To what extent was the Study brochure written and designed in a way that is appealing to an African American reader?] We are interested in your opinions about the Study Brochure you received.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.8	1.8
	1 Not at All	7	3.0	6.4	8.3
	2 A little bit	13	5.6	11.9	20.2
	3 Moderately	28	12.1	25.7	45.9
	4 Quite a bit	41	17.7	37.6	83.5
	5 Very Much	18	7.8	16.5	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

F_Q32 [To what extent did the Study Brochure help you to communicate with your spouse/partner about his prostate cancer risk?] We are interested in your opinions about the Study Brochure you received.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	0.9	1.8	1.8
	1 Not at All	17	7.3	15.6	17.4
	2 A little bit	13	5.6	11.9	29.4
	3 Moderately	29	12.5	26.6	56.0
	4 Quite a bit	39	16.8	35.8	91.7
	5 Very Much	9	3.9	8.3	100.0
	Total	109	47.0	100.0	
Missing	System	123	53.0		
Total		232	100.0		

PPAGE Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Value				
	Total	232	100.0	100.0	100.0

ppagecat Age - 7 Categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 25-34	14	6.0	6.0	6.0
	3 35-44	68	29.3	29.3	35.3
	4 45-54	72	31.0	31.0	66.4
	5 55-64	69	29.7	29.7	96.1
	6 65-74	9	3.9	3.9	100.0
	Total	232	100.0	100.0	

ppagect4 Age - 4 Categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 18-29	5	2.2	2.2	2.2
	2 30-44	77	33.2	33.2	35.3
	3 45-59	115	49.6	49.6	84.9
	4 60+	35	15.1	15.1	100.0
	Total	232	100.0	100.0	

PPEDUC Education (Highest Degree Received)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4 7th or 8th grade	1	0.4	0.4	0.4
	5 9th grade	1	0.4	0.4	0.9
	6 10th grade	2	0.9	0.9	1.7
	7 11th grade	1	0.4	0.4	2.2
	8 12th grade NO DIPLOMA	8	3.4	3.4	5.6
	9 HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)	33	14.2	14.2	19.8
	10 Some college, no degree	59	25.4	25.4	45.3
	11 Associate degree	23	9.9	9.9	55.2
	12 Bachelors degree	61	26.3	26.3	81.5
	13 Masters degree	34	14.7	14.7	96.1
	14 Professional or Doctorate degree	9	3.9	3.9	100.0
	Total	232	100.0	100.0	

PPEDUCAT Education (Categorical)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Less than high school	13	5.6	5.6	5.6
	2 High school	33	14.2	14.2	19.8
	3 Some college	82	35.3	35.3	55.2
	4 Bachelor's degree or higher	104	44.8	44.8	100.0
	Total	232	100.0	100.0	

PPETHM Race / Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 Black, Non-Hispanic	232	100.0	100.0	100.0

PPGENDER Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 Female	232	100.0	100.0	100.0

PPHHHEAD Household Head

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	28	12.1	12.1	12.1
	1 Yes	204	87.9	87.9	100.0
	Total	232	100.0	100.0	

PPHHSIZE Household Size

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	8.6	8.6	8.6
	2	82	35.3	35.3	44.0
	3	53	22.8	22.8	66.8
	4	48	20.7	20.7	87.5
	5	22	9.5	9.5	97.0
	6	5	2.2	2.2	99.1
	7	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

PPHOUSE Housing Type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 A one-family house detached from any other house	156	67.2	67.2	67.2
	2 A one-family house attached to one or more houses	22	9.5	9.5	76.7
	3 A building with 2 or more apartments	47	20.3	20.3	97.0
	4 A mobile home	7	3.0	3.0	100.0
	Total	232	100.0	100.0	

PPINCIMP Household Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Less than $5,000	3	1.3	1.3	1.3
	2 $5,000 to $7,499	2	0.9	0.9	2.2
	3 $7,500 to $9,999	2	0.9	0.9	3.0
	4 $10,000 to $12,499	8	3.4	3.4	6.5
	5 $12,500 to $14,999	5	2.2	2.2	8.6
	6 $15,000 to $19,999	6	2.6	2.6	11.2
	7 $20,000 to $24,999	13	5.6	5.6	16.8
	8 $25,000 to $29,999	13	5.6	5.6	22.4
	9 $30,000 to $34,999	13	5.6	5.6	28.0
	10 $35,000 to $39,999	17	7.3	7.3	35.3
	11 $40,000 to $49,999	22	9.5	9.5	44.8
	12 $50,000 to $59,999	23	9.9	9.9	54.7
	13 $60,000 to $74,999	33	14.2	14.2	69.0
	14 $75,000 to $84,999	22	9.5	9.5	78.4
	15 $85,000 to $99,999	10	4.3	4.3	82.8
	16 $100,000 to $124,999	19	8.2	8.2	90.9
	17 $125,000 to $149,999	11	4.7	4.7	95.7
	18 $150,000 to $174,999	2	0.9	0.9	96.6
	19 $175,000 or more	8	3.4	3.4	100.0
	Total	232	100.0	100.0	

PPMARIT Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Married	154	66.4	66.4	66.4
	2 Widowed	4	1.7	1.7	68.1
	3 Divorced	23	9.9	9.9	78.0
	4 Separated	19	8.2	8.2	86.2
	5 Never married	16	6.9	6.9	93.1
	6 Living with partner	16	6.9	6.9	100.0
	Total	232	100.0	100.0	

PPMSACAT MSA Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Non-Metro	16	6.9	6.9	6.9
	1 Metro	216	93.1	93.1	100.0
	Total	232	100.0	100.0	

PPREG4 Region 4 - Based on State of Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Northeast	28	12.1	12.1	12.1
	2 Midwest	48	20.7	20.7	32.8
	3 South	134	57.8	57.8	90.5
	4 West	22	9.5	9.5	100.0
	Total	232	100.0	100.0	

ppreg9 Region 9 - Based on State of Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 New England	4	1.7	1.7	1.7
	2 Mid-Atlantic	24	10.3	10.3	12.1
	3 East-North Central	43	18.5	18.5	30.6
	4 West-North Central	5	2.2	2.2	32.8
	5 South Atlantic	84	36.2	36.2	69.0
	6 East-South Central	21	9.1	9.1	78.0
	7 West-South Central	29	12.5	12.5	90.5
	8 Mountain	6	2.6	2.6	93.1
	9 Pacific	16	6.9	6.9	100.0
	Total	232	100.0	100.0	

PPRENT Ownership Status of Living Quarters

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Owned or being bought by you or someone in your household	164	70.7	70.7	70.7
	2 Rented for cash	67	28.9	28.9	99.6
	3 Occupied without payment of cash rent	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

PPSTATEN State

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11 ME	1	0.4	0.4	0.4
	12 NH	1	0.4	0.4	0.9
	14 MA	1	0.4	0.4	1.3
	16 CT	1	0.4	0.4	1.7
	21 NY	12	5.2	5.2	6.9
	22 NJ	5	2.2	2.2	9.1
	23 PA	7	3.0	3.0	12.1
	31 OH	10	4.3	4.3	16.4
	32 IN	5	2.2	2.2	18.5
	33 IL	19	8.2	8.2	26.7
	34 MI	6	2.6	2.6	29.3
	35 WI	3	1.3	1.3	30.6
	41 MN	1	0.4	0.4	31.0
	43 MO	1	0.4	0.4	31.5
	46 NE	2	0.9	0.9	32.3
	47 KS	1	0.4	0.4	32.8
	51 DE	1	0.4	0.4	33.2
	52 MD	12	5.2	5.2	38.4
	53 DC	3	1.3	1.3	39.7
	54 VA	10	4.3	4.3	44.0
	56 NC	18	7.8	7.8	51.7
	57 SC	3	1.3	1.3	53.0
	58 GA	24	10.3	10.3	63.4
	59 FL	13	5.6	5.6	69.0
	61 KY	3	1.3	1.3	70.3
	62 TN	5	2.2	2.2	72.4
	63 AL	7	3.0	3.0	75.4
	64 MS	6	2.6	2.6	78.0
	72 LA	4	1.7	1.7	79.7
	74 TX	25	10.8	10.8	90.5
	84 CO	2	0.9	0.9	91.4
	86 AZ	3	1.3	1.3	92.7
	88 NV	1	0.4	0.4	93.1
	92 OR	2	0.9	0.9	94.0
	93 CA	14	6.0	6.0	100.0
	Total	232	100.0	100.0	

PPT01 Presence of Household Members - Children 0-2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	225	97.0	97.0	97.0
	1	7	3.0	3.0	100.0
	Total	232	100.0	100.0	

PPT25 Presence of Household Members - Children 2-5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	200	86.2	86.2	86.2
	1	31	13.4	13.4	99.6
	2	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

PPT612 Presence of Household Members - Children 6-12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	169	72.8	72.8	72.8
	1	50	21.6	21.6	94.4
	2	7	3.0	3.0	97.4
	3	6	2.6	2.6	100.0
	Total	232	100.0	100.0	

PPT1317 Presence of Household Members - Children 13-17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	178	76.7	76.7	76.7
	1	52	22.4	22.4	99.1
	2	2	0.9	0.9	100.0
	Total	232	100.0	100.0	

PPT18OV Presence of Household Members - Adults 18+

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	33	14.2	14.2	14.2
	2	138	59.5	59.5	73.7
	3	45	19.4	19.4	93.1
	4	14	6.0	6.0	99.1
	5	1	0.4	0.4	99.6
	6	1	0.4	0.4	100.0
	Total	232	100.0	100.0	

PPWORK Current Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Working - as a paid employee	126	54.3	54.3	54.3
	2 Working - self-employed	11	4.7	4.7	59.1
	3 Not working - on temporary layoff from a job	7	3.0	3.0	62.1
	4 Not working - looking for work	19	8.2	8.2	70.3
	5 Not working - retired	26	11.2	11.2	81.5
	6 Not working - disabled	23	9.9	9.9	91.4
	7 Not working - other	20	8.6	8.6	100.0
	Total	232	100.0	100.0	

PPNET HH Internet Access

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	26	11.2	11.2	11.2
	1 Yes	206	88.8	88.8	100.0
	Total	232	100.0	100.0	

Two Questions Omitted From Follow-Up Survey for Control Participants and Subsequently Administered

[SP]
[INSERT SPACE BETWEEN ANSWER OPTIONS]
Q19. Each of the following statements describes what your spouse/partner might have done after you received the CDC Brochure.

Please select the most accurate statement.

*If you'd like to see more information on what we mean by **"informed decision about prostate cancer screening**", please click here.*

After I received the CDC Brochure, my spouse/partner:

Attended an appointment in which he had a discussion with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening*** (He might or might not have had a PSA or DRE test done at the appointment.).....1

[INSERT SPACE]

Scheduled an appointment with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening***.....2

[INSERT SPACE]

Took one or more steps to schedule an appointment with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening*** (for example, tried to contact the office to make the appointment, obtained the required referral form, etc.) 3

[INSERT SPACE]

Said that he intends to schedule an appointment with a doctor or other healthcare provider to help him make an ***informed decision about prostate cancer screening***, but has not yet taken any steps to schedule this appointment 4

[INSERT SPACE]

Said that he intends to have a discussion with a doctor or other healthcare provider at his next scheduled appointment to help him make an ***informed decision about prostate cancer screening***, but does not intend to schedule an appointment specifically for this purpose 5

[INSERT SPACE]

Said that he is undecided about whether he will schedule an appointment or whether he will have such a discussion at his next scheduled appointment with a healthcare provider to help him make an ***informed decision about prostate cancer screening*** 6

[INSERT SPACE]

Said that he does not intend to schedule an appointment with a healthcare provider to help him make an ***informed decision about prostate cancer screening*** 7

[GRID, SP ACROSS]

Q20. Each of the following statements describes an approach to getting your spouse/partner an appointment with a doctor or other healthcare provider to help him make an **informed decision about prostate cancer screening.**

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Please select the box for each statement that most accurately describes how much you tried the approach described after you received the CDC Brochure.

After I received the CDC Brochure, I did the following to get my spouse/partner an appointment with a doctor or other healthcare provider to help him make an **informed decision about prostate cancer screening**.

*If you'd like to see more information on what we mean by "**informed decision about prostate cancer screening**", please click here.*

Not at all	To a small extent	To a moderate extent	To a large extent
1	2	3	4

I urged him to schedule the appointment

I reminded him to schedule the appointment

I pointed out the potential benefits of the appointment

I offered to schedule the appointment for him myself

Q20A2

Q20A. Did you schedule the appointment for your partner/spouse?

Yes……..1
No……2

[KN CLOSE]

Appendix B
Results of Statistical Analyses

Table 2: Participant (Partner/Spouse) Demographic Variables

	Assigned treatment condition		
	CDC brochure	**CDC & Study brochures**	**P-value**
Age, mean(std	48.0 (10.2)	45.9(10.7)	0.14
Household Income, median	$35,000-$39,999	$30,000-$34,999	0.82
Education (Categorical)			0.96
1 Less than high school	17(13.76)	17(15.92)	
2 High school	43(35.11)	36(32.62)	
3 Some college	36(29.41)	32(29.58)	
4 Bachelor's degree or higher	27(21.72)	24(21.87)	
Marital Status			0.02
1 Married	70(56.63)	52(47.93)	
2 Widowed	0(0.32)	4(3.30)	
3 Divorced	19(15.33)	8(7.42)	
4 Separated	13(10.63)	10(9.45)	
5 Never married	13(10.25)	16(14.76)	
6 Living with partner	8(6.84)	19(17.15)	
Region 4 - Based on State of Residence			0.5871
1 Northeast	16(12.63)	19(17.44)	
2 Midwest	27(21.66)	23(20.75)	
3 South	69(56.47)	61(56.19)	
4 West	11(9.24)	6(5.62)	
Current Employment Status			0.0154
1 Working - as a paid employee	57(46.69)	53(49.06)	
2 Working - self-employed	4(3.11)	1(1.20)	
3 Not working - on temporary layoff from a job	12(9.46)	2(1.39)	
4 Not working - looking for work	8(6.82)	18(16.37)	
5 Not working - retired	8(6.20)	12(10.75)	
6 Not working - disabled	27(21.72)	15(14.14)	
7 Not working - other	7(5.99)	8(7.09)	

Table 3: Proband Medical History Variables

	Assigned treatment condition		
	CDC brochure	**CDC & Study brochure**	**P-value**
Has your spouse/partner ever discussed with a doctor whether to have a PSA test to screen			0.59
1 Yes	61(50.33)	47(43.59)	
2 No	45(37.08)	46(42.31)	
3 Do not know	15(12.59)	15(14.10)	
When was the last time that your spouse/partner discussed with a doctor whether to have a PSA test			0.19
1 2005	3(5.90)	0(1.12)	
2 2006	0(0.00)	0(1.05)	
3 2007	7(12.46)	2(3.68)	
4 2008	5(9.81)	2(3.61)	
5 2009	14(25.24)	19(44.40)	
6 2010	26(46.59)	19(44.78)	
Has your spouse/partner ever had a PSA test to screen for prostate cancer?			0.97
1 Yes	59(47.97)	51(47.21)	
2 No	51(41.48)	47(42.91)	
3 Do not know	13(10.55)	11(9.89)	
How many PSA tests has your spouse/partner had in the last five years?			0.72
1 One (1)	26(44.84)	21(47.78)	
2 Two (2)	15(26.11)	11(23.94)	
3 Three (3)	3(6.06)	2(4.04)	
4 Four (4)	2(2.71)	4(8.35)	
5 Five (5)	12(20.29)	7(15.89)	
What was the last year that your spouse/partner had a PSA test?			0.04
1 2005	9(14.47)	0(0.92)	
2 2006	0(0.71)	1(2.85)	

	Assigned treatment condition		P-value
	CDC brochure	CDC & Study brochure	
3 2007	7(12.54)	3(6.44)	
4 2008	4(7.05)	4(7.92)	
5 2009	11(19.05)	20(39.14)	
6 2010	25(42.54)	18(34.95)	
7 Do not know	2(3.63)	4(7.80)	
Has your spouse/partner ever had a digital rectal examination to screen for prostate cancer?			0.02
1 Yes	30(24.32)	40(36.91)	
2 No	62(50.60)	55(50.53)	
3 Do not know	31(25.08)	14(12.56)	
How many digital rectal examinations has your spouse/partner had in the past five years?			0.90
1 One (1)	16(59.17)	24(63.78)	
2 Two (2)	6(21.85)	7(19.17)	
3 Three (3)	2(5.77)	1(3.15)	
4 Four (4)	0(1.53)	2(5.17)	
5 Five (5)	3(11.69)	3(8.73)	
What was the last year that your spouse/partner had a digital rectal examination?			0.34
1 2005	1(3.04)	1(3.29)	
2 2006	3(9.63)	5(12.02)	
3 2007	1(3.54)	1(1.62)	
4 2008	4(12.37)	1(2.99)	
5 2009	5(17.85)	15(37.86)	
6 2010	14(46.67)	12(29.50)	
7 Do not know	2(6.89)	5(12.72)	
Has your spouse/partner ever been told that his digital rectal examination was abnormal?			0.82
1 Yes	2(5.92)	2(4.70)	
2 No	27(94.08)	37(95.30)	

	Assigned treatment condition		
	CDC brochure	**CDC & Study brochure**	**P-value**
Does your spouse/partner have any first-degree relatives (father, brother, son) who have been diagnosed			0.33
1 Yes	13(10.93)	6(5.86)	
2 No	93(77.12)	86(78.90)	
3 Do not know	14(11.95)	17(15.24)	

Table 4: Comparison of Intervention and Control Groups on Outcome Variables

	Cronbach Coefficient Alpha	Assigned treatment condition		P-value
		CDC brochure	CDC & Study brochure	
Extent of Proband Engagement in Informed Decision Making about PSA Screening, N(%)	---			0.64*
1 Attended an appointment in which he had a discussion with a doctor or o		18(17.12)	11(10.92)	
2 Scheduled an appointment with a doctor or other healthcare provider to		3(2.55)	4(3.90)	
3 Took one or more steps to schedule an appointment with a doctor or othe		4(3.86)	4(3.74)	
4 Said that he intends to schedule an appointment with a doctor or other		17(16.41)	11(10.79)	
5 Said that he intends to have a discussion with a doctor or other health		20(18.89)	19(18.80)	
6 Said that he is undecided about whether he will schedule an appointment		12(11.39)	16(15.84)	
7 Said that he does not intend to schedule an appointment with a healthca		31(29.77)	37(36.02)	
Extent of Partner Efforts to Promote	0.77	11(4.44)	9(3.59)	<0.0001
Extent and utility of partner/Proband communication, baseline, mean(std)	0.90	13(8.43)	12(7.83)	0.62
Extent and utility of partner/Proband communication, follow up, mean(std)	0.90	16(7.98)	15(6.97)	0.32
Q21/22 follow-up		6(1.99)	6(1.78)	0.28
Q21/22 baseline		6(1.89)	6(1.64)	0.66
Q23/24 follow-up		6(2.33)	6(1.77)	0.13
Q23/24 baseline		6(2.37)	6(1.83)	0.93
Q25/26 follow-up		7(2.22)	6(2.02)	0.02
Q25/26 baseline		6(2.53)	6(1.73)	0.95

*P-value from Chi-squared test for categorical data.

Table 5 Moderator Analyses

(a) Engagement:
(i) MBSS as continuous variable:

Analysis of Maximum Likelihood Estimates						
Parameter		**DF**	**Estimate**	**Standard Error**	**Wald Chi-Square**	**Pr > ChiSq**
XBROCHUR	**1**	1	0.0831	0.2587	0.1033	0.7479
mbss		1	0.1514	0.0668	5.1326	0.0235
mbss*XBROCHUR	**1**	1	0.0288	0.0664	0.1888	0.6639

(ii) MBSS as categorical with low monitoring as MBSS<5

Analysis of Maximum Likelihood Estimates							
Parameter			**DF**	**Estimate**	**Standard Error**	**Wald Chi-Square**	**Pr > ChiSq**
XBROCHUR	**1**		1	0.2602	0.1413	3.3911	0.0655
highmbss	**0**		1	-0.3144	0.1416	4.9270	0.0264
XBROCHUR*highmbss	**1**	**0**	1	-0.0838	0.1407	0.3552	0.5512

Interaction term is not significant (p=0.55).

(b) Partner efforts:
(i) MBSS as continuous variable (ANOVA results):

Source	**DF**	**Type III SS**	**Mean Square**	**F Value**	**Pr > F**
XBROCHUR	1	40.76154821	40.76154821	2.50	0.1151
mbss	1	36.03910996	36.03910996	2.21	0.1383
mbss*XBROCHUR	1	3.03408773	3.03408773	0.19	0.6664

Parameter	**Estimate**	**Standard Error**	**t Value**	**Pr > |t|**
Intercept	8.323661224	0.79670268	10.45	<.0001
XBROCHUR 1	1.825668121	1.15377360	1.58	0.1151
XBROCHUR 2	0.000000000	.	.	.
mbss	0.157490148	0.22295624	0.71	0.4808
mbss*XBROCHUR 1	0.128749534	0.29823300	0.43	0.6664
mbss*XBROCHUR 2	0.000000000	.	.	.

Interaction term is not significant.
(ii) MBSS as categorical with low monitoring as MBSS<5

Source	DF	Type III SS	Mean Square	F Value	Pr > F
XBROCHUR	1	320.9587813	320.9587813	19.75	<.0001
highmbss	1	11.4534930	11.4534930	0.70	0.4022
XBROCHUR*highmbss	1	36.1859345	36.1859345	2.23	0.1372

Table 6 Associations between selected process variables and outcome variables among intervention group participants

Study brochure and engagement:
(a) intervention evaluation:

Analysis of Maximum Likelihood Estimates					
Parameter	**Odds ratio Estimate**	**95% Wald Confidence Limits**		**Wald Chi-Square**	**Pr > ChiSq**
intervention evaluation	1.174	1.100	1.253	23.3488	<.0001

(b) extent of partner reading of intervention brochure

Analysis of Maximum Likelihood Estimates					
Parameter	**Odds ratio Estimate**	**95% Wald Confidence Limits**		**Wald Chi-Square**	**Pr > ChiSq**
extent of partner reading of intervention brochure	1.470	1.080	2.001	5.9978	0.0143

Study brochure and partner efforts:
(a) Linear regression on intervention evaluation

Parameter	**Estimate**	**Standard Error**	**t Value**	**Pr > |t|**
Intercept	3.898342649	0.98566392	3.96	0.0001
intervention evaluation	0.252675824	0.04802800	5.26	<.0001

(b) Linear regression on extent of partner readind of intervention brochure

Parameter	**Estimate**	**Standard Error**	**t Value**	**Pr > |t|**
Intercept	5.454360935	0.78086025	6.99	<.0001
extent of partner reading of intervention brochure	1.339948564	0.28390913	4.72	<.0001

Study brochure and communication:
(a) Intervention evaluation:

Parameter	**Estimate**	**Standard Error**	**t Value**	**Pr > |t|**
Intercept	-1.547382693	1.22241959	-1.27	0.2084
communication1	0.323629050	0.05262030	6.15	<.0001
intervention evaluation	0.665360456	0.06238352	10.67	<.0001

(b) extent of partner reading of intervention brochure

Parameter	Estimate	Standard Error	t Value	Pr > |t|
Intercept	6.702518949	1.40765408	4.76	<.0001
communication1	0.447547119	0.07538261	5.94	<.0001
extent of partner reading of intervention brochure	1.192113024	0.51739305	2.30	0.0232

Study brochure and q25/26:
(a) intervention evaluation:

Parameter	Estimate	Standard Error	t Value	Pr > |t|
Intercept	2.000479873	0.75696943	2.64	0.0098
intervention evaluation	0.190221701	0.03494767	5.44	<.0001

(b) extent of partner reading of intervention brochure

Parameter	Estimate	Standard Error	t Value	Pr > |t|
Intercept	4.885777329	0.54592223	8.95	<.0001
extent of partner reading of intervention brochure	0.413333096	0.18787310	2.20	0.0305

Table 7 Mediator Analyses

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	7.196583007	B	0.77813105	9.25	<.0001
XBROCHUR 1	2.426626650	B	0.55897451	4.34	<.0001
XBROCHUR 2	0.000000000	B	.	.	.
ideation baseline	0.171285161		0.07117671	2.41	0.0170

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	4.627311477	B	0.58871390	7.86	<.0001
XBROCHUR 1	1.566159673	B	0.49126835	3.19	0.0017
XBROCHUR 2	0.000000000	B	.	.	.
ideation follow-up	0.439023155		0.05037294	8.72	<.0001

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	8.781085803	B	0.37192478	23.61	<.0001
XBROCHUR 1	1.907023673	B	0.53585674	3.56	0.0005
XBROCHUR 2	0.000000000	B	.	.	.
ideation change from baseline to follow-up	0.291030880		0.05197066	5.60	<.0001

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	6.969575552	B	0.88506330	7.87	<.0001
XBROCHUR 1	2.444432936	B	0.55789729	4.38	<.0001
XBROCHUR 2	0.000000000	B	.	.	.
risk baseline	0.730104259		0.31414011	2.32	0.0211

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	6.963962975	B	0.90586365	7.69	<.0001
XBROCHUR 1	2.388957970	B	0.55791962	4.28	<.0001
XBROCHUR 2	0.000000000	B	.	.	.
risk follow-up	0.716768442		0.31640654	2.27	0.0245

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	5.862235929	B	0.51359263	11.41	<.0001
XBROCHUR 1	2.217419098	B	0.49539861	4.48	<.0001
XBROCHUR 2	0.000000000	B	.	.	.
communication baseline	0.232918884		0.02969129	7.84	<.0001

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	3.424598694	B	0.53627142	6.39	<.0001
XBROCHUR 1	1.992572087	B	0.43060648	4.63	<.0001
XBROCHUR 2	0.000000000	B	.	.	.
communication at follow-up	0.347676811		0.02853261	12.19	<.0001

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	5.815136623	B	0.73132481	7.95	<.0001
XBROCHUR 1	1.820530960	B	0.53634535	3.39	0.0008
XBROCHUR 2	0.000000000	B	.	.	.
extent of partner reading of cdc brochure	1.241061477		0.23635684	5.25	<.0001

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	5.126856173	B	0.53350691	9.61	<.0001
XBROCHUR 1	1.946128052	B	0.48041944	4.05	<.0001
XBROCHUR 2	0.000000000	B	.	.	.
extent of proband reading of cdc brochure	1.911429161		0.21429969	8.92	<.0001

Mediation on q25/26 (All linear regressions):
(a) with only brochure:

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	5.996001777	B	0.22421290	26.74	<.0001
XBROCHUR 1	0.705464377	B	0.31199116	2.26	0.0249
XBROCHUR 2	0.000000000	B	.	.	.

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	4.800854042	B	0.42031555	11.42	<.0001
XBROCHUR 1	0.685846993	B	0.30440935	2.25	0.0254
XBROCHUR 2	0.000000000	B	.	.	.
ideation baseline	0.130009063		0.03910605	3.32	0.0011

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	4.136446207	B	0.35146180	11.77	<.0001
XBROCHUR 1	0.311985096	B	0.28886713	1.08	0.2815
XBROCHUR 2	0.000000000	B	.	.	.
ideation follow-up	0.188348614		0.02906311	6.48	<.0001

Parameter	Estimate		Standard Error	t Value	Pr > |t|
Intercept	5.931317643	B	0.21908494	27.07	<.0001
XBROCHUR 1	0.581994506	B	0.30842679	1.89	0.0607
XBROCHUR 2	0.000000000	B	.	.	.
ideation change from baseline	0.095103844		0.02952859	3.22	0.0015

Appendix C

Formulas Defining Variables for Statistical Analysis

(Please refer to the questions referenced below in Appendix A)

Variable	Formula
Extent of Engagement in Informed Decision Making about PSA Screening Facilitated by a Healthcare Provider (E-IDM-PSA-FHP)	Rating in response to Follow-up Question Q19,with the high end of the scale represented by the rating level designated "1"
Extent of Partner Efforts to Promote E-IDM-PSA-FHP	Sum of ratings in response to Follow-up Questions 20 through 20A
Extent and Utility of Partner/Proband Communication about Risk-related Topics	Sum of ratings in response to Follow-up Questions 21 through 26
Monitoring (Attentional Style)	Sum of ratings in response to Baseline Questions 1.1 through 1.8 and 2.1 through 2.8
Partner Perception of Proband PRCA Risk (at Baseline)	Rating in response to Baseline Question 7
Partner Perception of Proband PRCA Risk (at Follow-up)	Rating in response to Follow-up Question 5
Partner Intrusive Ideation (at Baseline)	Sum of ratings in response to Baseline Questions 26 through 32
Partner Intrusive Ideation (at Follow-up)	Sum of ratings in response to Follow-up Questions 9 through 15
Partner Fatalistic Beliefs (at Baseline)	Sum of ratings in response to Baseline Questions 8 through 22
Partner Perception of His/Her Ability to Influence Proband IDM-PSA-FHP	Rating in response to Follow-up Question 6
Partner Perception of Proband Ability for Effective IDM-PSA-FHP	Rating in response to Follow-up Question 7
Partner Perception of Proband Benefits of IDM-PSA-FHP	Rating in response to Follow-up Question 8
Extent of Partner Reading of Intervention Brochure	Rating in response to Follow-up Question 16
Extent of Partner Reading of Control Brochure	Rating in response to Follow-up Question 17
Extent of Proband Reading of Control Brochure	Rating in response to Follow-up Question 18
Intervention Brochure Evaluation	Sum of ratings in response to Follow-up Questions 27 through 32